CARTITON

3331 Brehms Lane

Balto, Md. 21213

23b. DATE

12/30/87

FOR

- STATE

REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LAST ADDRESS (SON) 5011 E. OLIVER ST. APPROXIMATE INTERVAL 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 20 CITY OF TOWN COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED STAFF DIRECTOR PHYSICIAN WITZKE MED. CENTER - BANK ST. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OF TOWN MD . NA TI MEM PART RATITO 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

YEAR

IF UNDER 1 YEAR

2b. HOUR

12b. KIND OF BUSINESS OR

IF UNDER 24 HRS

DHMH - 16 50M 1/81 (VRA 15, 4)

should be with the

DR.

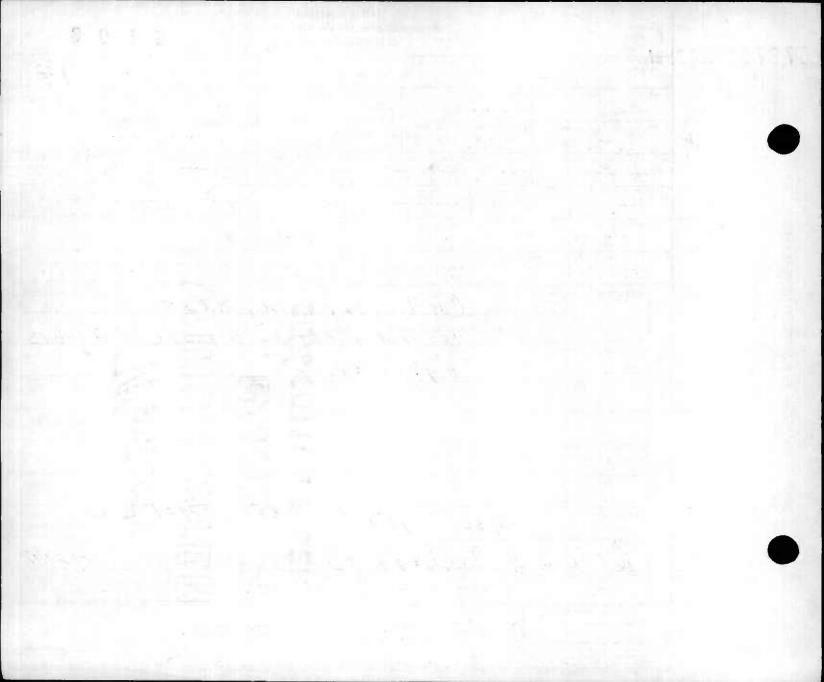
230. BURIAL, CREMATION, REMOVAL

24 FUNSCHIMONEK FUNERAL

BURIAL

HOME, INC.

(SPECIFY



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH DELL'ASED NAME 26 DATE KNOWN YEAR (TYPE OR PRINT) OF Christina Phillips AL DIRECTOR.
YOUR FILES.
IT 72 HOURS 12/ 4/19 87 DEATH MATED 4. RACE DATE OF BIRTH 6 AGE (IN YEARS IF UNDER TYR. IF UNDER 24 HRS 10:59 3 SEX DATE MONTH LAST BIRTHDAY PRONOUNCED 10 1928 10 59 - female|black DEAD 4/19 87 FUNERAL 1 5 FCP 7, MTHIN 9 BALTIMORE CITY OR COUNTY OF DEATH 70 BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED FOREIGN COUNTRY Baltimore City, US WIDOWED DIVORCED PETAIN PAGE 5 SHOULD BEFILED, RECORDS, 201 W 10. CITY OR TOWN OF DEATH 124 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION N. Broadway Unemployed Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? | 13e. STREET ADDRESS | 201 N. Broadway Apt 12 21231 13c. CITY OR TOWN Baltimore Md 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE Andrew Bertha Woods Powe 11 17. INFORMANT 16h SOCIAL SECURITY NO. **ADDRESS** Tég. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) GIVE 212-26-1274 Stanley Powell 2310 Riggs Avenue Apt 2B 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOL EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18 PAGE 43 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG TO FUNEAL DIRECTOR, PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, BALTIMORE, MARYLAND, 21201 PRIGRAT OBJURIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY: Arteriosclerotic Cardiovascular Disease IMMEDIATE CAUSE (o), DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION Diabetes Mellitus 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 29 AUTOPSY? YES | NO K 216 EXTERNAL CAUSE WAS THE TIME OF INJURY 714. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH TIE PLACE OF INJURY (ATHOME 21d, INJURY OCCURRED TH LOCATION STREET FACTORY FARM STC | STATE CITY OR LOWN COUNTY WHILE AT WORK AT WORK and in my opinion Undetermined monne TITLE (SPECIFY ACTUAL DATE 12/4/87 EXAMINER'S NAME Dennis F. Smyth Penn St., Balto., Md. 21201 ADDRESS (TYPE OR PRINT) 23d LOCATION 73c. NAME OF CEMETERY OR CREMATORY 730 BURIAL CREMATION REMOVAL 134 DATE COUNTY Baltimore Md 12/10/87 Eastview Cemetery Burial 07/B4 25M 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 74 FUNERAL DIRECTOR 1. Novidon-Bono **DHMH - 17** wm. C. March F/H West 4300 Wabash Avenue (VR A15 ME (5))

	The second secon			
			11.2-1	
图20 12 图 图 41 图				
1.58				
* - 100 = 5 00 2 1 = 18 1 1		1,		
	L. T. February	marks and the		
of Dental	and the visit of			
	WAVELL SEAL BY			
		Marie P.		
plans s				
The Late Control		r i i i i i i i i i i i i i i i i i i i		
	A HE STATE			

STAT	TE OF	MAR	LAND

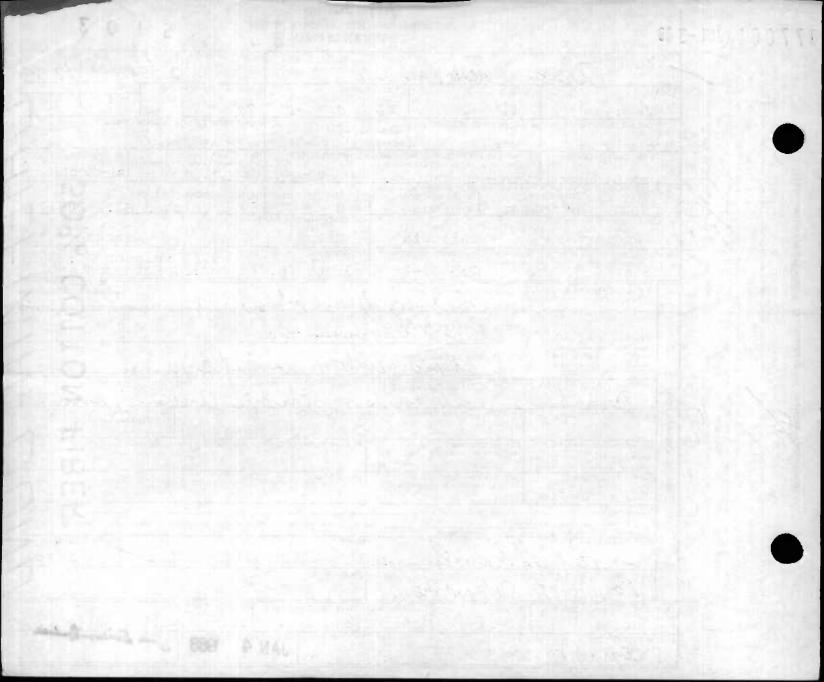
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CENTIFICATE OF BEATH (*)

		5	0	3
53	1	10	0	-
BEG NI	_			

N -3	18	FOR STATE REGISTRAR			EALTH AND MENTAL HYGICATE OF DEATH	IENE REG. NO.	0 3
لمر		CEASED NAME FIRST	we Weik	to Phil pu	la la	20. DATE OF DEATH MONTH	2/87 12:30 M
	3. SEX	Male	A RACE White	S. DATE (79 YRS	SHIPE BAZE HOURS MIRE
otoace	Wis	RTHPLACE (STATE OR FOREIG COUNTRY)	USA	MARRIE		9. Baltimore City <u>or</u> county of Baltimore City	MD.
Series Control	Rest		(# NOT IN SUCH FACIL	ity, Give street AODRESS)	Medical Cntr	170. USUAL OCCUPATION 4 (TYPE OF WORK FOR MOST OF WORKING LIFE) Graphics Analy	176 KIND OF BUSINESS OR INDUSTRY COMMIN. st-Sec&Exch.
d le l'h	130. S Mar	ryland Mo		sidence before admission of the said a	13d. INSIDE CITY LIMITS? YES ☑ NO ☐	13e.STREET ADDRESS / ZIP CODE 5902 Rolston I	Rd. 20817
Coxo	1	Andrew		ilpula	15. MOTHER'S MAIDEN NAM Hilma 17. INFORMANT	MODLE	antta
re-medico		Yes	VES. GIVE WAR OR DATES) 21	5-44-7866		5902 Rolst Philpula, Beth	on Rd. 20817 nesda, MD
c event, tl		18. CAUSE OF DEATH (En PART 1, DEATH WAS C	EDIATE CAUSE (0)	Spring of	fither ad h	sportia)	BETWEEN ONSET AND DEATH
r other traumen		Conditions, if any, whi gove rise to immedia couse (a), stating t underlying cause lo	ch (b)	ACONSEQUENCE OF	litation, ru	olantata, areno	
ows any injury, a	CERTIFICATION	PART 2. OTHER SIGNIFIC	in Neces	BUTING TO DEATH BUT	cero, Chro	INAL DISEASE OR CÓNDITION GIVE 200 AUTOPSY? YES NO YES NO YES	WERE FINDINGS USED ING CAUSES OF DEATH?
Hem 18 sh		210. ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EX	OF DEATH HOUR A.M.	URY MONTH DAY YEAR 19		RED (ENTER NATURE OF INJURY IN ITEM 18. PAI	RT (OR PART 2)
orked or	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF IN	JURY CTORY, OFFICE, FARM, ETC	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
If Item 21 is mo			hospital) attended the decipe on ded not view the body after	19, o	DEGREE	death occurred on the date and hou	9, that (h) (we) last and from the couses stated 22c DATE SIGNED
IMPORTANT: # Ite		PAR PHYSICIAN'S NAME	J. SHAN	AHAN	27e ADDRESS		1928
_ /	(BURIAL, CREMATION, REM SPECERY) BUrial UNERAL DIRECTOR	23b. DATE 12-31-8		Glade Cem.	Friendsville	
A 7/84 4)) Dimi	unou	ADDRESS Grantsv	I AI	1988	A I SEE

DHMH - 16 60M 7/8 (VRA 15, 4)

BP.



7	457	8 DEC	1.	FOR - STATE C REGISTRAR			DEPARTA	MENT OF HE	OF MARYLAND EALTH AND MENTAL HYG CATE OF DEATH	IENE REG. NO	5 ! () 4
	ge 4 moy be C	s ofter death C			TARY	RACE WHITE	AIDOLE	PIO 5. DATE O MONTH	CARELLO F BIRTH DAY YEAR	20 DATE OF DEATH A 2 6 AGE IN YEARS LAST BIRTH	MONTH OAT BEUNGER	YEAR 26 HOUR AM IF UNDER 24 HRS OAYS HOURS MIN.
1	after death. Pag	by the funeral dire		IRTHPLACE (STATE OR FOR COUNTRY) MD. ITY OR TOWN OF DEAT		U.S.A	WHAT COUNTRY?	MARRIED WIDOWED	NEVER MARRIED	P BALTIMORE CITY OR Bach we 176 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF HOMEMAKE)	COUNTY OF DE	MD. MIND OF BUSINESS OR USTRY
ARYLAND 212	within 24 hours	nould be the	130	AL RESIDENCE HE NURSIN	NG HOME OR OTH	DIE	BALTIMOI HMTDT	N 1		13e STREET ADDRESS / 720 N. LAKE	ZIP CODE WOOD AVE	. 21205
ALTIMORE, M.	e be executed	cton and congers. Paper I.		WAS DECEASED EVER IN THE VEST OF DEATH	(IF YES, GIVE W	D FORCES? AR OR DATES)	166 SOCIAL SECU 212-18-9	980	17 INFORMANT EDWARD BEEF	ADDRES	8212 JI	EFFERS CIRCL MD. 21204 APPROXIMATE INTERVAL ETWERE NOSET AND DEATH
201 W. PRESTON ST.,	es that the death certific	ned by the attending phy please remave corbanpo urial, cremation, or rema y, ar other traumatic even		Conditions, if any, gove rise to imm couse (a), stating underlying couse	which (ediote) the lost	DUE TO, OF	R AS A CONSEQUI	ENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR COND	DITION GIVEN IN F	Mum (s)
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2174	ENDING PHYSICIAN: The law required or offending physician.	18. After this certificate has been sign use as the buriol-transit permit. Then Health and Mental Hygiene prior to bits marked or Item 18 shows any injury is marked or Item 18 shows any injury.	MEDICAL CERTIFICATION	190 DATE OF OPERAT 210. ACCIDENT WAS UNDO OR CONTRIBUTING C. (IF EITHER, NOTIFY MEDIC 21d INJURY OCCURR WHILE NOTIFY MAT WORK 220.1 certify that (IV	ERLYING	216 TIME O HOUR A./ 21e PLACE C LAT MOME STR	FINJURY M. MONTH D M. OF INJURY EET FACTORY, OFFICE I	OPERATION AY YEAR 19	71¢ HOW INJURY OCCURI	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUR! CITY OR TOW	20b. IF YES, WERE IN CERTIFYING C YES YES YES YES YES YES YES YES	FINDINGS USED AUSES OF DEATH? NO PART 2) UNITY STATE
	TO HOSPITAL OR ATTI	10 FUNERAL DIRECTO should be detached for with the State Dept of UMPORTANT: If Item 21	73e	sow the decopose obove, Ill world 22b SIGNATURE 22d PHYSICIAN'S NA BURIAL, CREMATION, F	SEPH	Ku RINT)	in mo)	ATTENDING PHYSICIAN [MEDICAL STAF DIRECTOR PHYSICI	F	DATE SIGNED

BP. DHMH - 16 60M 7/84 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL 12/10/87 24 FUNERAL DIRECTOR FUNERAL HOME INC.

3331 Brehms Lane Baltimore, Md. 21213

236 DATE

230 NAME OF CEMETERY OR CHEMATORY

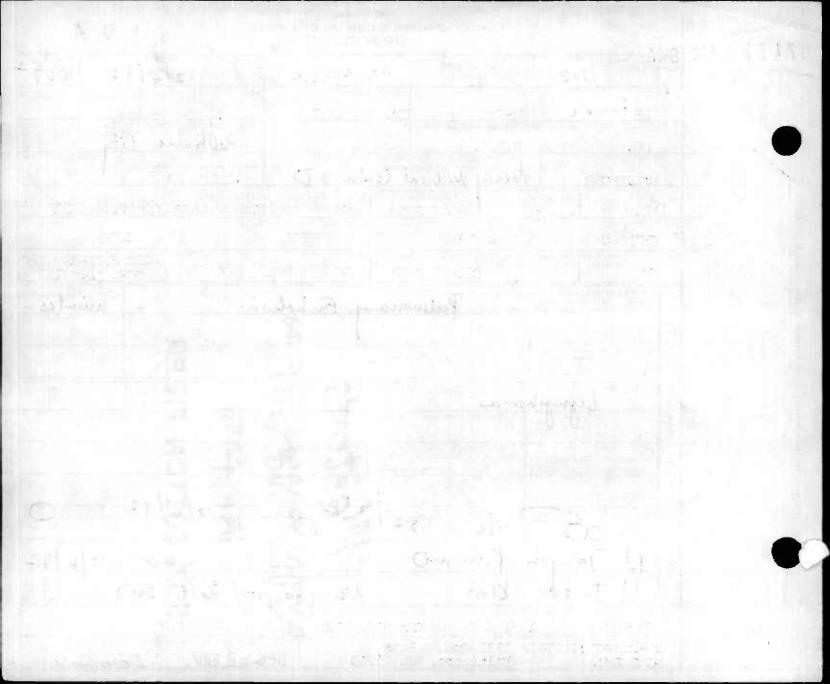
HOLY REDEEMER

BALTIMORE

MD.STATE

Divideon Randae

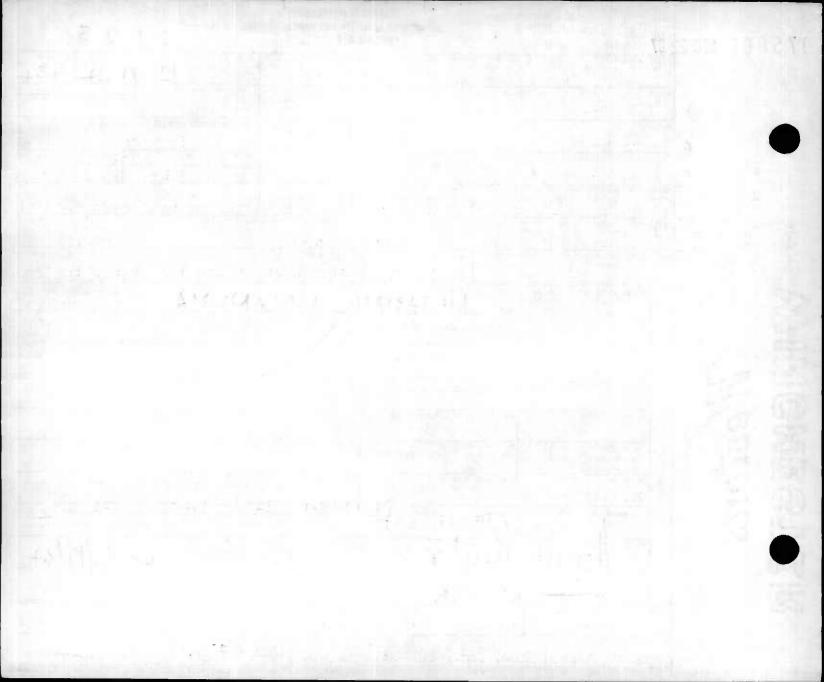
250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DEC - 8 1987



FOR

STATE OF MARYLAND							
EPARTMENT OF HEALTH AND MENTAL HY	GIENE						
CERTIFICATE OF DEATH	42.7						

075	8 6 8 DEC 22	87	STATE REGISTRAR				CERTIF	ICATE OF DEAT	HA	REG. N	5	0 5	
			CEASED NAME	FIRST		MIDDLE	L	AST		20 DATE OF DEATH	MONTH	DAY YEAR	26. HOUR
	oy be age 3 death	(110)		ames		Α.	PIC	KAVANCE			2	1 87	+2AM
	4 moy har, pag after de	3. SE:	(4. RACE		5. DATE C			6. AGE (IN YEARS LAST BIR	THDAY)	MONTHS DAYS	IF UNDER 24 HRS
	s of a		Male		Whit	te	May		5	52	YRS.		MIN.
	Poge directs hours		RTHPLACE (STATEOR	FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	D A NEVER MARRI		BALTIMORE CITY C	R COUN	TY OF DEATH	
	ash.	5	Maryland		/ USA		WIDOWE			Baltin	nore	City	MD.
	D D D	19, C	TY OR TOWN OF DE	ATH	13 NAME OF		IG HOME C	OR OTHER INSTITUTE		12a. USUAL OCCUPAT	ION	12b; KIND C	OF BUSINESS OR
=	by the	PR	altimore	1		HEACILITY, GIVE STREET Hawthorne			- }	Parole Off			ateCourt
120	aurs Se fill		AL RESIDENCE (# NUR	SING HOME OF					-		.1001	The Ut	accedar c
9	T PP				arunde			138. INSIDE CITY LIA YES NO		123 Warw	ickeh	iro Tano	21061
3	1 1		aryland	AILIE	: ALUITOE	r Gren bo	mme	15. MOTHER'S MAIL			CNSII	ITTE TOTAL	21001
AR	10 13 6 2	11	FIRST		MIDDLE	LAST Di oleon		FIRST		MIDDLE		I/O	lly
, A	100	160 V	James VAS DECEASED EVER	IN IIS AF	MED FORCES?	Pickay		Anni 17. INFORMANT	<u>e</u>	ADDR	ESS	ve.	LIY
0	Pog medicol		ES, NO OR UNKNOWN)		VE WAR OR DATES)				Dial				
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	D 0 ii 0 C		No	1 -		213-32-0		Diala L.	PICI	kavance, 12	23 Wa		
	hysici paper oval.		18. CAUSE OF DEAT PART I. DEATH V	H (Enter or	nly one couse per ED BY:	line for (o), (b), on	d (cl.)	10 115	1 S	MOMA		RETWEEN	ONSET AND DEATH
	d c e e y				TE CAUSE (o)	MEIA	217	10 10	CCXI	1001134			×
	attending		4		DUE TO, O	R AS A CONSEQUE	NCE OF	^					
	e death e attend move ca nation, o		Conditions, if ony		(b)_			1					
	4 4 6 6 6		couse (a), stati	ng the	DUE TO, O	R AS A CONSEQUI	ENCE OF						
2	that id by leose ial, cr		underlying coust	e lost.	(c)								
5, 2(gne gne hur bur	7	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110										
ORD	en si or to v inju	CERTIFICATION									Total control		
S S	O PHYSICIAN: The law restraining physician er this certificate has been the buriol-tronsis permit, and Mental Hygiene prior ked or Item 18 shows any it	ŏ.	190 DATE OF OPERA	TION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		20a AUTOPSY?		YES, WERE FINDI	
ALI	itcion.	∄						1		YES NO		YES	NO 🗆
>	PHYSICIAN: The ending physicion this certificate for buriol-transit and Mental Hygie dar Item 18 sho		218. ACCIDENT WAS UN			FINJURY M. MONTH D.	AY YEAR	Z1c. HOW INJURY	OCCURRE	D (ENTER NATURE OF INSU	IRY IN ITEM TE	8 PART (OR PART 2)	
0	Sicila plant in include the most included in the mo	Ĭ.	(IF EITHER NOTIFY MED	CAL EXAMINE	R) P.		19						
Ö	PHYSICIAN: ending physical this certifica te buriol-tron d Mental Hy d or Item 18	MEDICAL	21d. INJURY OCCUR		21e PLACE	OF INJURY REET, FACTORY, OFFICE, F	ARM. ETC)	211 LOCATION STREET		CITY OF TO)WN	COUNTY	STATE
ž	DING PHY or ottendi After this se os the bu ofth and M	1	AT WORK AT WO	PRK D			Des	1212	03				
-	Z - 02 5 - 12		27x-1 certify that (I			e deceased from_	10	ENTRE 19	8-1		-	19 2	that (I) (we) lost
			saw the decease	ed alive or did) (did no	ot view thy body	after death.	0	nd that in (my) (our)	opinion d	eath occurred on the d	ate and h	our and from the	couses stated
	DR A hospinal hed hed hem		276. SIGNATURE	-	1/	100		DEGREE				22c DATE	SIGNED
			10	uu	> nu	IXI		ATTEN PHYSI	DING CIAN	MEDICAL STA		/ 112/1	118+
	HOSPITAL ned by the FUNERAL uld be der other State ORTANT:	1	226. PHYSICIAN'S N	AME (TYPE	OR PRINCE			22e ADDRESS					-
				Dr	KRU	TER		Univers	ity H	Hospital			
	Of of the Man	23a 6	BURIAL, CREMATION	REMOVAL			NAME OF C	EMETERY OR CREM		23d LOCATION			
	BP		SPECIFY) Buria		12/22/	/87 LO	udon	Park Cemet	tery	Balltimor	е	COUNTY	Maryländ
	DHMH - 16 50M 1/81		INERAL DIRECTOR				21	229	25p DATE	REC'D. BY REGISTRAR	256. REG	ISTRAR'S SIGNA	TURE
	(VRA 15, 4)	H	ubbard Fun	eral	Home, Ir	nc., 4107	Wilk	ens Ave.	UEU	21 1987	100	a Lilly	The what
						,				1001	1 50		



BP

DHMH - 16 50M 1/81 (VRA 15, 4)

078208

STATE OF MARYLAND

WENTO	P HEAL	IH ANU	MENTAL	HTGI
CERT	IFICA	TE OF	DEATH	2

13	FOR STATE GISTRAR		DEPARTM		EALTH AND MENTAL HYG ICATE OF DEATH &	REG. N	5	0 6	
	ECEASED NAME FIRST		WIDDLE	L	AST	20. DATE OF DEATH	MONTH DA		OUR : 2
TITLE	Naol Naol	11 1	rene	F	Pickett		12 2	187 5	; d
3. SE		4. RACE		5. DATE C		& AGE (IN YEARS LAST BIR		FUNDER I YEAR IF UND	-
	F		4)	HIMON	12 1945	4		ONTHS DAYS HOURS	1
7o. B1	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN O	WHAT COUNTRY?	1	G. C	9. BALTIMORE CITY C	R COUNTY	OF DEATH	_
	Maryland	U.	S.A.	WIDOWE	D NEVER MARRIED DIO	Baltimo	ore Ci	ity.	
_	ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL NURSING	G HOME O	OR OTHER INSTITUTION	120 USUAL OCCUPATI	ION	126. KIND OF BUSH	NESS
	Baltimore /		gnes Hos		al	Traffic	Coord:	inater	
130. 5	JAL RESIDENCE (# NURSING NOME STATE 126 CO	INTY	13c. CITY OR TOWN		138. INSIDE CITY LIMITS?	130. STREET ADDRESS			_
_		roll	Sykesvi	lle	YES NOX		reaker	r Rd., 21	78
M-FA	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME		LAST	
	J. Je	elet	Christop	her	Grace	Irene		Duvall	
	WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES,	RMED FORCES?	166. SOCIAL SECUR	RITY NO.	17. INFORMANT	ADDRI	ESS		
1	No	THE WAR OR DATES!	217-40-	6556	Francis M.	Pickett	Jr.,S	same as ;	#
	18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one cause p						APPROXIMATE IN	TERVA ND DE
	PART I. DEATH WAS CAU	SED BY:	Sopsis						
		DUE TO,	OR AS A CONSEQUEN	NCE OF	11-12.				
	Conditions, if any, which	DUE TO, (b)_	Diabeles	NCE OF	mal failure.				
	gove rise to immediate	(b)_	Diabetes.	, Ro	malfailure.				
		DUE TO,		, Ro	and failure.				
	gove rise to immediate cause (a), stating the underlying cause last.	(b)_ DUE TO, (c)_	Diabeles, OR AS A CONSEQUEN	NCE OF		NA DIFFEST OF CO.		AL DARY	
NO	gove rise to immediate cause (a), stating the	(b)_ DUE TO, (c)_	Diabeles, OR AS A CONSEQUEN	NCE OF		INAL DISEASE OR CON	IDITION GIVE	N IN PART I IO	
ATION	gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, (c)_ CONDITIONS	Diabeles, OR AS A CONSEQUEN	NCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CON	20b. IF YES,	WERE FINDINGS US	SED
IFICATION	gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICAN	DUE TO, (c)_ CONDITIONS	Dia Loles, DR AS A CONSEQUEN CONTRIBUTING TO DI	NCE OF	NOT RELATED TO THE TERM	200 AUTOPSY?	20h. IF YES, IN CERTIFY	WERE FINDINGS US ING CAUSES OF DE	ATH:
ERTIFICATION	gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION	(b)_ DUE TO, (c)_ CONDITIONS (DIA LOLOS OR AS A CONSEQUEN CONTRIBUTING TO DI DITION FOR WHICH C	NCE OF	NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDINGS US YING CAUSES OF DE NO	ATH:
L CERTIFICATION	gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICAN	(b)_ DUE TO, (c)_ (c)_ CONDITIONS (196. CON	DIALOGOS OR AS A CONSEQUEN CONTRIBUTING TO DI DITION FOR WHICH CO	NCE OF	NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDINGS US YING CAUSES OF DE NO	ATH:
	gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICAN 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF C	DUE TO, (c)_ CONDITIONS (19b. CON HOUR HOUR	DIALOGOS DIALOGOS DITION FOR WHICH CO OF INJURY A.M. MONTH DA P.M.	NCE OF	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCURI	200 AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDINGS US YING CAUSES OF DE NO	ATH:
	gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICAN 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (# EITHER, NOTIFY MEDICALEXAM) 21d. INJURY OCCURRED	(b)_ DUE TO, (c)_ CONDITIONS. 19b. CON 19b. CON 21b TIME HOUR 21c PLAC	DIALOLOS OR AS A CONSEQUEN CONTRIBUTING TO DI DITION FOR WHICH CO OF INJURY A.M. MONTH DA' P.M. E OF INJURY	NCE OF EATH BUT DPERATION Y YEAR 19	NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDINGS US YING CAUSES OF DE NO	ATH:
MEDICAL CERTIFICATION	gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICAN 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (# EITHER, NOTIFY MEDICALEXAM) 21d. INJURY OCCURRED	(b)_ DUE TO, (c)_ CONDITIONS. 19b. CON 19b. CON 21b TIME HOUR 21c PLAC	DIALOGOS DIALOGOS DITION FOR WHICH CO OF INJURY A.M. MONTH DA P.M.	NCE OF EATH BUT DPERATION Y YEAR 19	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCUR!	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJU	20b. IF YES, IN CERTIFY YES	WERE FINDINGS US YING CAUSES OF DE NO	ATH:
	gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (#FEITHER, NOTIFY MEDICAL EXAMPLE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK	CONDITIONS OF THE PLACE (AT HOME S	DIALOLOS OR AS A CONSEQUEN CONTRIBUTING TO DI DITION FOR WHICH CO OF INJURY A.M. MONTH DAY P.M. E OF INJURY INDEED FACTORY, OFFICE, FA	NCE OF EATH BUT DPERATION Y YEAR 19	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCUR! 21l. LOCATION STREET	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJU	20b. IF YES, IN CERTIFY YES URY IN ITEM 18 PAI	WERE FINDINGS US FING CAUSES OF DE NO NO NO N	STA
	gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICAN 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (# EITHER, NOTIFY MEDICAL EXAM) 21d. INJURY OCCURRED WHILE ALWORK ALWORK 220.1 certify that (I) (this had say the decaysed alive	CONDITIONS O 19b. CON 19	DIALOGO DITION FOR WHICH CO OF INJURY A.M. MONTH DA' P.M. E OF INJURY LITEGET FACTORY, OFFICE, FA the deceased from	NCE OF EATH BUT DPERATION Y YEAR 19 NRM. ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCUR! 21l. LOCATION STREET	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUITY OR TO	20b. IF YES, IN CERTIFY YES OWN	WERE FINDINGS US (ING CAUSES OF DE NO	STA'
	gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAMINATION OF CURRED AT WORK ON THE CONTRIBUTION OF CONTRIBUTIO	CONDITIONS O 19b. CON 19	DIALOGO DITION FOR WHICH CO OF INJURY A.M. MONTH DA' P.M. E OF INJURY LITEGET FACTORY, OFFICE, FA the deceased from	NCE OF EATH BUT DPERATION Y YEAR 19 NRM, ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 21L. HOW INJURY OCCUR! 21L. LOCATION STREET 22 , 19 8 and that in (my) (our) opinion	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUITY OR TO	20b. IF YES, IN CERTIFY YES OWN	WERE FINDINGS USING CAUSES OF DE NO RT 1 OR PART 2) COUNTY 9 7, that (I) and from the couses	STA'
	gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICAN 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (# EITHER, NOTIFY MEDICAL EXAM) 21d. INJURY OCCURRED WHILE ALWORK ALWORK 220.1 certify that (I) (this had say the decaysed alive	CONDITIONS O 19b. CON 19	DIALOGO DITION FOR WHICH CO OF INJURY A.M. MONTH DA' P.M. E OF INJURY LITEGET FACTORY, OFFICE, FA the deceased from	NCE OF EATH BUT DPERATION Y YEAR 19 NRM, ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCUR! 21l. LOCATION STREET 12. 19. ord that in (my) (our) opinion DEGREE	200 AUTOPSY? YES NO CITY OR TO CITY OR TO death occurred on the death	20h. IF YES, IN CERTIFY YES OWN 1ate and hour	WERE FINDINGS US (ING CAUSES OF DE NO	STA'
	gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAMINATION OF CURRED AT WORK ON THE CONTRIBUTION OF CONTRIBUTIO	CONDITIONS O 19b. CON 19	DIALOGO DITION FOR WHICH CO OF INJURY A.M. MONTH DA' P.M. E OF INJURY LITEGET FACTORY, OFFICE, FA the deceased from	NCE OF EATH BUT DPERATION Y YEAR 19 NRM, ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 21L. HOW INJURY OCCUR! 21L. LOCATION STREET 22 , 19 8 and that in (my) (our) opinion	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUITY OR TO	20b. IF YES, IN CERTIFY YES OWN Out of the desired	WERE FINDINGS USING CAUSES OF DE NO RT 1 OR PART 2) COUNTY 9 7, that (I) and from the couses	STA'
	gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAMINATION OF CURRED AT WORK ON THE CONTRIBUTION OF CONTRIBUTIO	DUE TO. (c) CONDITIONS (19b. CON 19b. CON 19b. CON 21b TIME HOUR (AI HOME S pital) attended properties of the pro	DIALOGO DITION FOR WHICH CO OF INJURY A.M. MONTH DA' P.M. E OF INJURY LITEGET FACTORY, OFFICE, FA the deceased from	NCE OF EATH BUT DPERATION Y YEAR 19 NRM, ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 21L HOW INJURY OCCURI 21L LOCATION STREET 12 , 19 8 and that in (my) (our) opinion DEGREE ATTENDING	20e AUTOPSY? YES NO CITY OR TO CITY OR TO death occurred on the d	20b. IF YES, IN CERTIFY YES OWN Out of the desired	WERE FINDINGS USING CAUSES OF DE NO RT 1 OR PART 2) COUNTY 9 7, that (I) and from the couses	STA'
	gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICAN 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (# EITHER NOTIFY MEDICAL EXAMINATION OF CONTRIBUTING ALWORK AT WORK AT WOR	CONDITIONS OF PRINT)	OR AS A CONSEQUEN CONTRIBUTING TO DI DITION FOR WHICH CO OF INJURY A.M. MONTH DATA P.M. E OF INJURY INREET FACTORY, OFFICE, FA Ithe deceased from 19 By after death.	NCE OF EATH BUT DPERATION Y YEAR 19 NRM, ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 211. HOW INJURY OCCURI 211. LOCATION STREET 12. 19. 20 nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	20e AUTOPSY? YES NO CITY OR TO CITY OR TO death occurred on the d	20b. IF YES, IN CERTIFY YES OWN Out of the desired	WERE FINDINGS USING CAUSES OF DE NO RT 1 OR PART 2) COUNTY 9 7, that (I) and from the couses	STA'
MEDICAL	gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICAN 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (# EITHER NOTBY MEDICALEXAMI) 21d. INJURY OCCURRED WHILE NOT WHILE AI WORK 220.1 certify that (I) (this had soove, (I) (we) (did) (did) 22b. SIGNATURE	(b)_ DUE TO, (c)_ CONDITIONS (19b. CON 19b. CON 21b TIME HOUR (AI HOME. S (AI	DIALOLOS OR AS A CONSEQUEN CONTRIBUTING TO DI DITION FOR WHICH CO OF INJURY A.M. MONTH DA' P.M. E OF INJURY STREET FACTORY, OFFICE, FA the deceased from 19 By ofter death.	NCE OF EATH BUT OPERATIO Y YEAR 19 NRM, ETC.) PCC. COMMITTED RCC.	NOT RELATED TO THE TERM N WAS PERFORMED 216. HOW INJURY OCCUR! 211. LOCATION STREET 12., 19. Attending PHYSICIAN 226. ADDRESS	200 AUTOPSY? YES NO CITY OR TO CITY OR TO death occurred on the d MEDICAL STA DIRECTOR PHYSIG	20b. IF YES, IN CERTIFY YES OWN Out of the desired	WERE FINDINGS USING CAUSES OF DE NO RT 1 OR PART 2) COUNTY 9 7, that (I) and from the couses	STA'
MEDICAL	gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICAN 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (# EITHER NOTIFY MEDICAL EXAMINATION OF CONTRIBUTING ALWORK AT WORK AT WOR	(b)_ DUE TO, (c)_ CONDITIONS (19b. CON 19b. CON 21b TIME HOUR (AI HOME. S 10c PRINT) CON PRINT) CON PRINT) CON PRINT)	DIALOLOS OR AS A CONSEQUEN CONTRIBUTING TO DI DITION FOR WHICH CO OF INJURY A.M. MONTH DA' P.M. E OF INJURY STREET FACTORY, OFFICE, FA the deceased from 19 By offer death. 20 19 23 N 23 N 23 N 23 N	NCE OF EATH BUT OPERATION Y YEAR 19 NRM. ETC.) ARME OF CO	NOT RELATED TO THE TERM N WAS PERFORMED 211. HOW INJURY OCCURI 211. LOCATION STREET 12. 19. 20 nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? YES NO CITY OR TO CITY OR TO MEDICAL STA DIRECTOR PHYSIC	20h. IF YES, IN CERTIFY YES DWN ate and hour	WERE FINDINGS USING CAUSES OF DE NO RT 1 OR PART 2) COUNTY 9 7, that (I) and from the couses	STA'

termination of the contract the second point of the second ANTERNATION TRANSPORTED TO THE TELEVISION OF TENERAL PROPERTY AND THE PROP

Tree to a comment of the contract of the contr

falapus arein louvantaksis (alaus

Limit Circuit

Charles of Control of the Control

5	969 DEC 23	67	FOR STATE REGISTRAR			MENT OF H	OF MARYLAND EALTH AND MENTAL HYG CATE OF DEATH	REG. No		0	7
	oy be coge 3 death		ORPRINT) Marger	et "	IDDLE	Pi	ford	20. DATE OF DEATH	2 -2	0-87	700 A
	ge 4 mo)	3 SE	F	4 RACE BLAC	cK	5 DATE O	21 YEAR 26	6 AGE (IN YEARS LAST BIRT	HDAY] IF U	MDER FEAR	IF UNDER 24 HRS
	nerol din	7a BI	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF V	S YHAT COUNTRY?	MARRIED WIDOWE	NEVER MARRIED	BA Go.	CMY	DEATH	MD.
5	y the fu	10 C	TY OR TOWN OF DEATH		FACILITY, GIVE STREET		R OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST O		126 KIND O	F BUSINESS OR
NDZIZ	24 hours	USU/ 130. S	AL RESIDENCE HE NURSING HOME OR HTATE 136 COUN	OTHER INSTITUTION	BA CTO	N I	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS /		91.2	1202
MARYLA	npletelys	14 F.A	THER'S NAME UN KNOW A	NIDDLE .	LAST		15. MOTHER'S MAIDEN NAME FIRST	WIDDLE		LAS1	
MORE, I	Pages 1	(VAS DECEASED EVER IN U.S. AR		215-24	BI	17 INFORMANT LINCOLN CONV	ADDRE	1	217 FA	YETTE
W. PRESTON ST., BALT	or the death certificate by the attending physicia se remove carbon papers cremation, or removal, other troumatic event, the		18 CAUSE OF DEATH lenter on PART I. DEATH WAS CAUSE IMMEDIATED IMMEDIATED IN THE PART I. DEATH WAS CAUSE IMMEDIATED IN THE PART IN THE PAR	DUE TO, OR	Cour de	nce of	espirator ic Ard	in Syno	dron	BETWEEN	MATE INTERVAL INSET AND DEATH
DS, 201	signed be hen plea to buriof.	z	PART 2 OTHER SIGNIFICANT (CONDITIONS CO	INTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 110	
IL RECOR	he low recon. hos been to permit I ene prior to ows ony in	CERTIFICATION	190 DATE OF OPERATION	19b CONDI	TION FOR WHICH	OPERATION	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WIN CERTIFYIN	G CAUSES	
VISION OF VIT	PHYSICIAN: T ending physici this certificate e buriol-transi id Mental Hygi d or Item 18 sh	MEDICAL CER	7] 0. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER TI'LL INJURY OCCURRED	HOUR A.A. P.A. 21e PLACE C	M. MONTH DA	19	216. HOW INJURY OCCURI	RED (ENTER NATURE OF INJUR		OR PART 2)	STATE
DIVID	spital at other CTOR; After CTOR; After I far use as the of Health or at Health or		WHIE AT WORK AT WORK 120-1 certify that (I) (this haspi sow the deceased alive an above; (I) (we) (did) (did no	11	- 1470	6- 12 on	d that in (my) (our) opinion	to 12	19-19. ote and hour or	d from the	
	TAL OR y the ho RAL DIRE detoched detoched rote Dept		77b. SIGNATURE AL -1	Day	frater	di		MEDICAL STAF		12c. DATE / 2	2-20-8
	O HOSPITAL etained by the TO FUNERAL should be det with the State MAPORTANT		PA-L-BA	YKAL	ER	1	831 Pop		ie St	· Ba	P. Md.
		23a 1	URIAL CREMATION, REMOVAL	23b DATE	1 23c N	NAME OF C	EMETERY OR CREMATORY	23d LOCATION			1 100

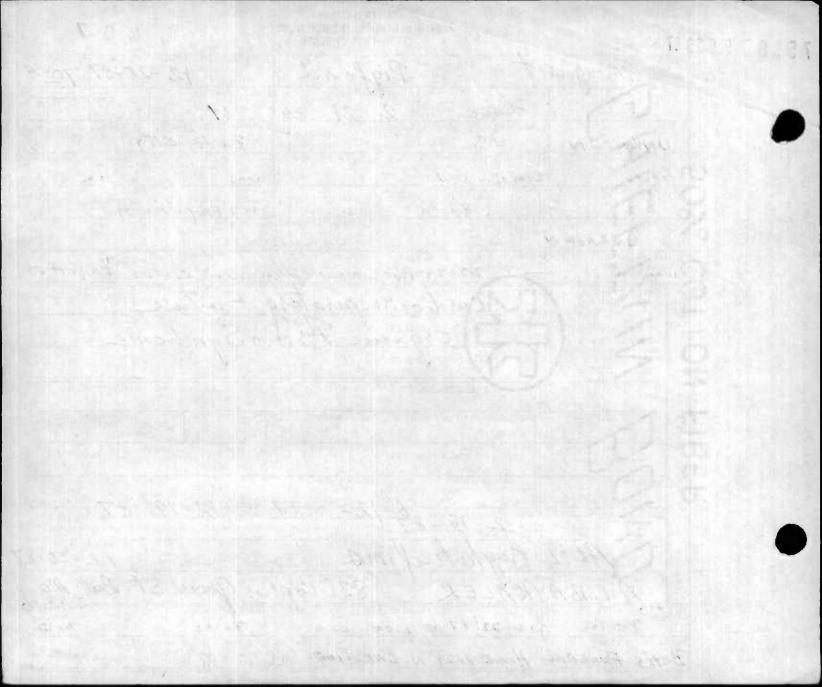
230 BURIAL CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOGATION 23b DATE 8440 COUNTY STATE 1210 MT 210N

FUNERAL HOME 1129 N. CAROLINE

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

BP



deoth. Poge 4 may be 7 9 2 0

	STATEUF
FOR	DEPARTMENT OF HEALT
- STATE	CERTIFICA

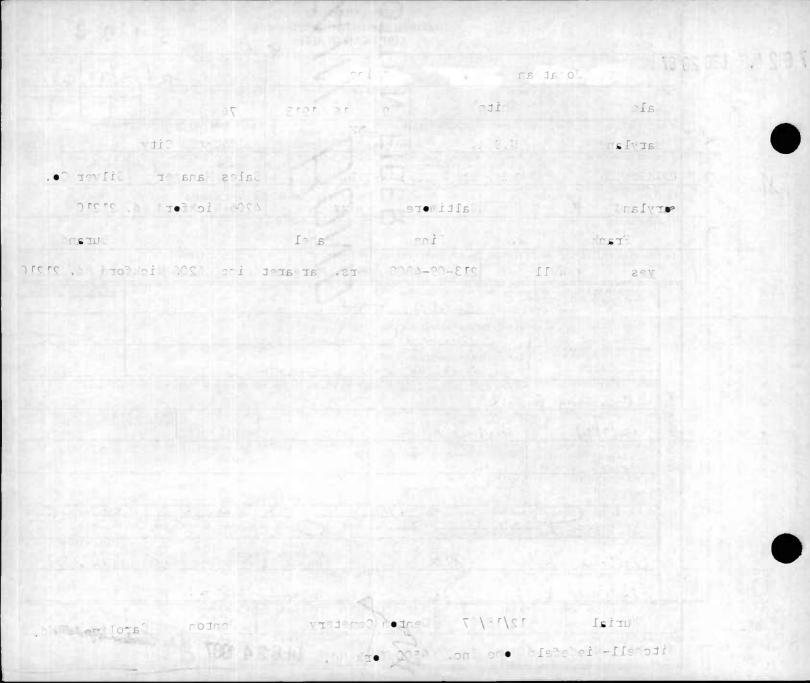
MARYLAND TH AND MENTAL HYGIENE CERTIFICATE OF DEATH 2

77	100	1	0	8
REG. NO.	~	*	-	

	REGISTRAR				-		G		REG. NO				
	CEASED NAME	FIRST		WIDDLE	AU S. L.	LAST		20. DATE OF I	DEATH A	HTMON	DAY YEAR	26 HOUR	1
1 000	OR PRINT)	Jonathan	n	W.	- F	ine			1	2/	15/87	081	/Da
3. SE	v -	14.0	ACE		I DATE	OF BIRTH		6 AGE (IN YE)	ARS LAST BIRTH	-	IF UNDER 1 YEAR	IF UNDER 2	
		9 K/			MON	H DAY	YEAR	HOL THEIR			MONTHS DAYS	HOURS	MIN.
1	Male		White	е	9	16	1913	74		YRS.			
	RTHPLACE (STATE OR	FOREIGN 7b C	ITIZEN OF	WHAT COUN	TRY? 8	KK. IFVE	R MARRIED	9 BALTIMOR	E CITY OR	COUNT	YOFDEATH		
	Maryland		U.S.	Δ	WIDOW		DIVORCED T	BALTT	MORE	City			AAF
	ITY OR TOWN OF DEA	TH III			URSING HOME			120. USUAL O			12b. KIND C	OF BUSINES	SOR
0.5			(IF NOT IN SU	CH FACILITY, GIVE	STREET ADDRESS)			(TYPE OF WORK	FOR MOST OF	WORKING LI	IFE) INDUSTRY		
-	LTIMORE				IAL HOSI			Sales	Manag	ger	Silve	r Co.	
UsU.	AL RESIDENCE (IF NUL)	INCHOME OF OTHE	R INSTITUTION	134. CITY OR	BEFORE ADMISSION		CITY LIMITS?	13e.STREET AL	DDDESS /	ZIP COD	E		
	ryland	/		Baltin	nere	YES XX	NO [4206 W	ickfe	rd R	d. 2121	0	
	ATHER'S NAME			1-41-11			R'S MAIDEN NA						
11.12	FIRST	MIDDI		LAS	Ţ	1 1 1 1 1 1 1 1 1 1	FIRST		MIDDLE		D. LAS		
	Frank		W	P:	ine		label				Dur	and	
	WAS DECEASED EVER			16h SOCIAL	SECURITY NO.	17. INFOR	TUAN		ADDRES				
(YES NO OR UNKNOWN)	WWII WAI	K OK DATES)	213-09	9-4800	Mrs.	Margare	t Pine	4206	Wic	kford R	d. 21	210
-		11. 5		1 ()							APPROX	IMATE INTERV ONSET AND D	AL
	18 CAUSE OF DEAT PART I. DEATH W	AS CAUSED BY	ne couse pe '.								BETWEEN	ONSET AND D	EAIH
		IMMEDIATE CA	AUSE (0)	card	liac n	mest				V			
			DUE TO . C	R AS A CONS	SEQUENCE OF								
	Conditions, if any	which	(b)		mitis								
	gove rise to im-	mediate)	(0)	AT THE	7								
couse (a), stating the underlying couse lost DUE TO, OR AS A CONSEQUENCE OF													
			(c)					15					_
7	PART 2. OTHER SIG			ONTRIBUTING	S TO DEATH BU	T NOT RELAT	ED TO THE TERM	INAL DISEASE	OR COND	ITION GI	VEN IN PART 11	0	
CERTIFICATION	Resolva	1	1 lune							11.11			
CA	190. DATE OF OPERA	TION	19b. COND	ITION FOR W	HICH OPERATION	ON WAS PER	FORMED	20a AUTOR	PSY?	20b. IF YE	S, WERE FINDI	NGS USED	12
=	12/9/8	7	Hu	d voce or	10/45			YES 🗌	NO		ES 🗍	NO 🗌	
W.	210. ACCIDENT WAS UN	DERLYING	216. TIMB C	OF INJURY			INJURY OCCUR	RED (ENTER NATI	URE OF INJUR	r IN ITEM 18	PART I OR PART 2)		
_	OR CONTRIBUTING		500		DAY YEAR								
CA	(IF EITHER NOTIFY MED			,M,	19		1011			-			
MEDICAL	21d. INJURY OCCUR			OF INJURY	FFICE, FARM, ETC	21f LOCA	I ION EET		CITY OR TOW	M	COUNTY	51.	ATE
2	WHILE NOT WE	HILE	, , , , , , , , , , , , , , , , , , , ,			1							
	220.1 certify that (1)		ottended ti	he deceased f	rom_11_11	197	19 57	10 De	6.15		19 87	that (I) (w	e) Jost
	sow the deceas		12/15/	97			y) (our) ppinion		on the do	te and ha	ur and from the		
	obove, (1) [we]	did (did not) vie	ew the body	ofter deoth.									
	22b. SIGNATURE				2	DEGREE	ATTENDING	AAEDAC AA	STAFE	. ,	22c. DATE	SIGNED	
	(Talru	n Kel	4	ms	1		PHYSICIAN [MEDICAL DIRECTOR			12/1	5197	-
	22d. PHYSICIAN'S N	AME (TYPE OR PRIT	NIL			22e. ADDF	RESS						
	Petrici:	. 1/11	4.	mi	\sim	1	1. 1	u.co	1.1				
	10111111	n kel	14	/ 13		This		LNA	()4]				
23a. 1	BURIAL, CREMATION		3b. DATE	1			R CREMATORY	23d. LOCA	TION		COUNTY	51	ATE
	(SPECIFY Burial		12/18	/87	Denten	Cemet	ery		nton	C	arol has		
24 F	UNERAL DIRECTOR						25a DAT	E REC'D. BY RE				URE	4
Mi	tchell-Wi	edefeld	Home	Inc. ADD	8500 V	anle Da	DEC	2.4 199	37 新	Patrice, Aller	B. C.		
				- 11C e	O JOO I	TK KO	. 000	7 100	1				

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME MIDDLE 20 DATE OF DEATH MONTH (TYPE OR PRINTY 2 5 udd Lmmel RACE DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED WEVER MARRIED MARYIAND TIMORE WIDOWED DIVORCED ID. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OF OTHER INSTITUTION 126. KIND OF BUSINESS OR NOT IN SUCH FACILITY, GIVE STREET ADDRESS INDUSTRY BALTIMORE OM SECOUR ESSENGERL GOVEKNIMEN JSUAL RESIDENCE OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13a STATE OUNTY 13e.STREET ADDRESS / ZIP CODE. 13d. INSIDE CITY LIMITS? LANDOUER YES X NO 15 MOTHER'S MAIDEN NAME MIDDLE KANCES HARRIS ADDRESS IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for 101, (b), and 10 PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 FICATION 190 DATE OF OPERATION 20g AUTOPSY2 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO YES [NO T 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 214 INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE AT WORK 22a I certify that (I) (this hospital) attended the deceased from . that (1) (we) lost 19 87 sow the deceased alive on above, (I) (was (did) (and not) view the body after death. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN

DHMH-16 60M 7/84 (VRA 15, 4)

BURIAL 12/30/87 HARMONY HARMONY PC MARY IN AMERICAN POPE 26/17 PA AVE SE DC 29/1987 The Lordon Landing Company of the Lordon L

22e ADDRESS

TIS TANK OF A TOWN OF THE PARTY An about 1 to 19 v small part Michigan Comment Beauty of Manager Control of the C Manual LX paying red - 13-120 morage Transaction Williams The second secon Contract - I government the properties to be El-ALEXADOR - PORE JUST PROMES SO DE

DEC.31,1987

MONTH 2h HOUR 1987 2:50 IF UNDER I YEAR IF UNDER 24 HRS DAYS 9. BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE CITY 120 ASUAL OCCUPATION

(TYPO WORK FOR MOST OF WORKING LIFE) 17h KIND OF BUSINESS OR INDUSTRY II. 13. GOVT #21208 STONEHENGE CIR., APT SOLOMON APT. 12 BALTO. MD 21208 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH O'MIN 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? CITY OR TOWN COUNTY STATE 224 DATE SIGNED STAFF DIRECTOR PHYSICIAN 23d LOCATION CITY OR TOWN STATE BALTIMORE MARYLAND 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

PHYSICIAN [

22e ADDRESS

21215

236 NAME OF CEMETERY OR CREMATORY

BALTIMORE HEBREW

& BROS., INC.

BALTO. MD

DHMH - 16 50M 1/81 (VRA 15, 4)

MPORTANT:

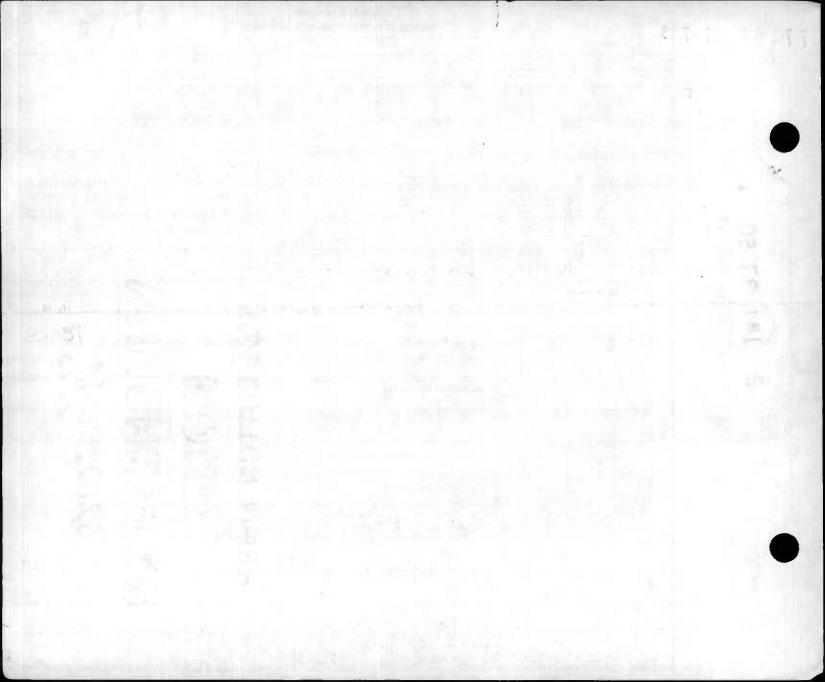
22d. PHYSICIAN'S NAME

230 BURIAL CREMATION, REMOVAL

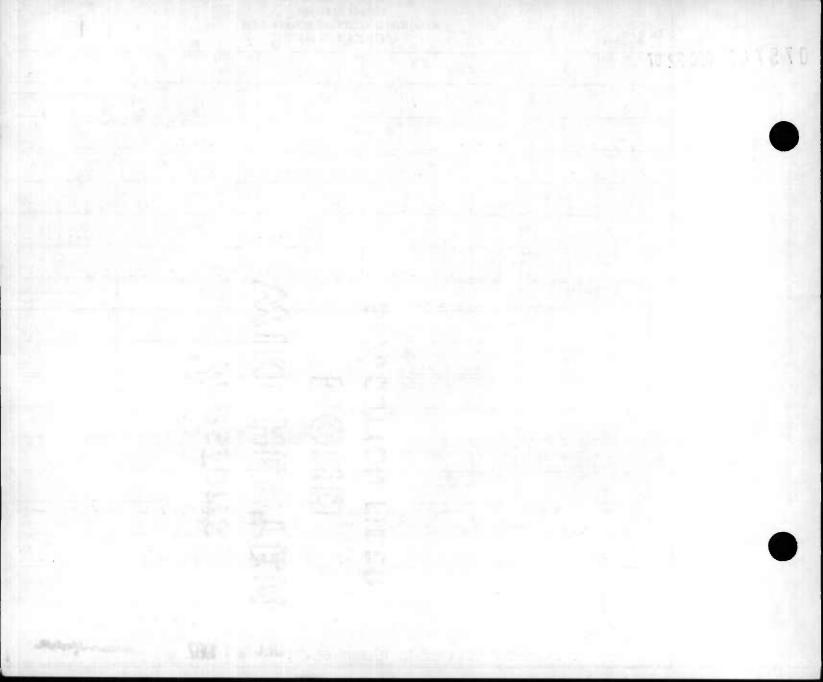
6010 REISTERSTOWN

BURTAL

24 FUNERAL DIRECTOR



STATE OF MARYLAND



within 24 haurs ofter death. Page DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO FUNERAL DIRECTOR: After this certificate has been signed by the should be detached for use as the burial-transit permit. Then please ment the State Dept. of Health and Mental Hygiene prior to burial, creit with the State Dept. of Health and Mental Hygiene prior to burial, creit TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital ar

BP.

IMPORTANT: If Item 21 is marked at Item 18 shows any injury, or ather

764

DEC 28

vector, page 3

reral director.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- 9	eres l'an	į	
PEG NO	~	S	

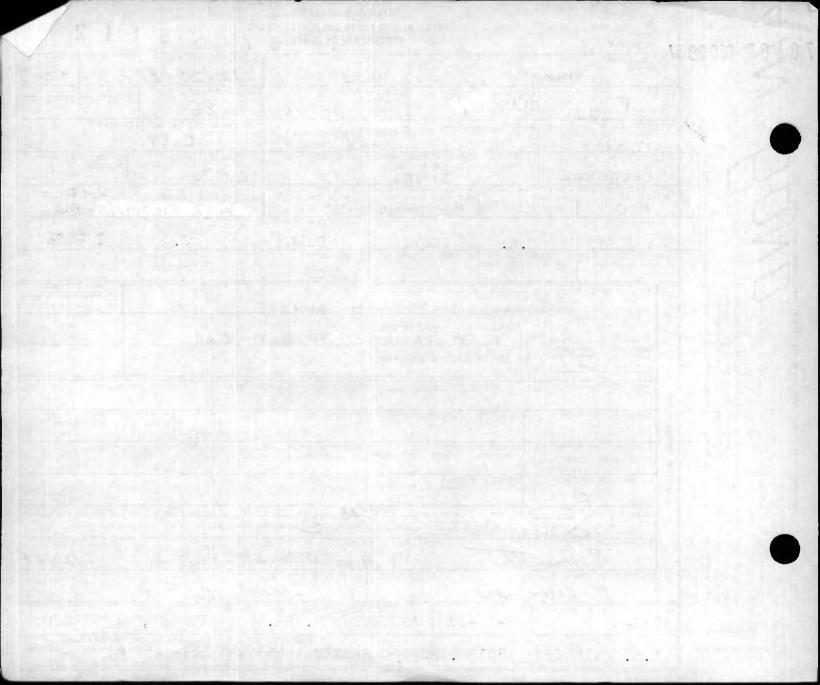
1	FOR - STATE	DE		EALTH AND MENTAL HYGICATE OF DEATH	IENE	E 1	1 2		
17	REGISTRAR			9	REG. N	0			
	PECEASED NAME FIRST	MIDDLE		AST .	20. DATE OF DEATH	MONTH D	AY YEAR 26 HOUR		
	mary		Po	562	12/23/8+ 9:0				
3, 5	and the same of th	4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIR		FUNDER I YEAR IF UNDER 24 HRS		
	EMALE	BLACK	10	101/06	86	YRS.	JANIS.		
7a.	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COU	NTRY? 8.	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY	OF DEATH		
M	ARYLAND	US	WIDOWE	DXX DNORCED	C	184	MD.		
10.	BALTIMURE	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE		OR OTHER INSTITUTION	120 USUAL OCCUPATION OF COMMENT OF WORK FOR MOST COMMENT OF TEACHER		126 KIND OF BUSINESS OR INDUSTRY		
US	UAL RESIDENCE (IF NURSING HOME OR			A 134 INICIDE CITY I WITCO		TIP CODE	21216		
130	m D	The state of the s	MORE	136. INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE	AUE		
14.	FATHER'S NAME		71 - 1 - 10/20	15. MOTHER'S MAIDEN NAM	ME		7000		
1	CHARLES	H.A. SC	COTT	DELLA	MIDDLE		PINKNEY		
160	WAS DECEASED EVER IN U.S. AR		L SECURITY NO.	17 INFORMANT	ADDRE				
	(YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)		CHART					
F	IB CAUSE OF DEATH (Enter on	1	dev == dv.	OTHERE			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
	PART I. DEATH WAS CAUSE	ĎBY:	ARDIO PU	un Appier			BETWEEN ONSET AND DEATH		
	IMMEDIAT	E CAUSE (o)	e rebito ret	WKILLS					
	C- Par of 111	DUE TO, OR AS A CON		C BRZAS					
	Conditions, if ony, which gave rise to immediate	(b)(b)	TASTAT	CORCAS	CH				
	couse (a), stating the underlying couse lost.	DUE TO, OR AS A CON	ISEQUENCE OF						
1		((c)							
z	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTIN	IG TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 10		
18	The same of the sa	Time continuous con	WHICH COSE ATIO		To AUTORIVA	Tan IF VEC	14/5 DE 514 ID 14 C 5 4 1 2 5		
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR V	WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FINDINGS USED ING CAUSES OF DEATH?		
E			036	Tay was a same	YES NO	YES			
		THOUSE A ME MICHIE	H DAY YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PAI	RT I OR PART 2)		
CA	(IF EITHER NOTIFY MEDICAL EXAMINER	P.M.	19						
MEDICAL	216 INJURY OCCURRED	21e PLACE OF INJURY	OFFICE FARM, ETC 1	211 LOCATION STREET	CITY OR TO	WN	COUNTY STATE		
^	AT WORK AT WORK								
	220.1 certify that (I) (this haspi	/	1	19 8	, 10	23,1	9 82, that (II we lost		
	sow the decapsed olive on obove, (1) (we (due) (did no	12/23 1) view the body after death.	_19, or	nd that in (my Cour Depinion o	death occurred on the de	ote and hour	and from the causes stated		
	226. SIGNATURE			DEGREE		/	22c. DATE SIGNED		
	1. Hase	wither	/	M-D ATTENDING PHYSICIAN	MEDICAL STA	IAN	12/23/87		
1	226 PHYSICIAN'S NAME (TYPE O	R PRINT;		22e ADDRESS					
	T. Rose	NOTHER		SIN	m HOS	PIMOZ			
	BURIAL, CREMATION, REMOVAL	23b. DATE		EMETERY OR CREMATORY	23d LOCATION				
I	BURTAL	12-28-87	ARBUT	US MEM. PK.	BALTIM	ORE,	"MARYLAND"		

24 FUNERAL DIRECTOR

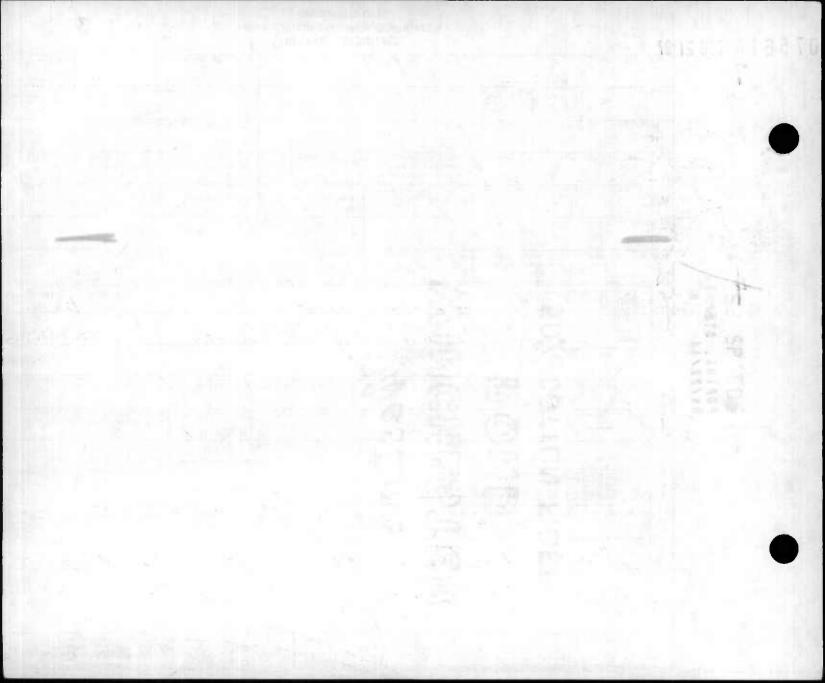
E. L. PH DHMH - 16 60M 7/84 PHILLIPS (VRA 15, 4)

1721 N. MONROE STREET

250 DECE 2 BY REGISTRAP



STATE OF MARYLAND



STATE	OF	MARYLAND

DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIENE
CEI	RTIFICAT	E OF	DEATH	3 7

) 18.	7 FOR STATE REGISTRAR			DEPARTM		EALTH AND MENTAL I	V 10	REG. NO.	1	4	
	CEASED NAME	Gladys	R	egina	-	reca	2e. DA1	E OF DEATH MO	127	1877	15 PM
3. SE	* Female		RACE	hite	S. DATE C	F BIRTH	-	7/	VRS.	S DAYS MO	MOEN 24 HRS.
	Delaware		· U.S	.A.	WIDOWE			AMORE CITY OR C	CHY	4	MD
	Ba To		IN NOT IN SU	HE GINTY, DIVESTREET	ADDRESS)	or other institution	Tre US	UAL OCCUPATION WORK FOR MOST OF WO PUS EWORK		KIND OF BU IDUSTRY At Hom	
13e.	AL RESIDENCE IF NU	13b. COUNTA		I3c. CITY OR TOW		134. INSIDE CITY LIMITS YES NO 1	630	South Me	con S	t. 2122	24
14. F/	Andrew	MIE (E .	Cole		Mary	VIVAME	J. DIE	Po	rtrick	
16a \	WAS DECEASED EVE	R IN U.S. ARME		2 19-18	8-726	17. INFORMANT 8 Earle Wi	illian	1228 S.C	rey S		
	18 CAUSE OF DEA PART I. DEATH	TH (Enter only WAS CAUSED I	BY:	r line for (a), (b), one	dichi	diapolm	ionan	Arres	st	APPROXIMATE BETWEEN ONSE	T AND DEATH
	Conditions, if on gave rise to in cause (a), stat underlying cause	nmediate ing the	(1b)_	R AS A CONSEQUE	186	20815)			
NO	PART 2 OTHER SIG	GNIFICANT CO	NDITIONS <u>C</u>	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE 1	TERMINAL DIS				
CERTIFICATION	19a DATE OF OPER	ATION	1% COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a YES	- IN		RE FINDINGS CAUSES OF I	
1	210. ACCIDENT WAS U OR CONTRIBUTING [CAUSE OF DEATH DICAL EXAMINER)	P	M. MONTH DA	AY YEAR	21c HOW INJURY OC	CURRED (EN	ter nature of injury in	ITEM 18 PART I	OR PART 2)	
MEDICAL	214 INJURY OCCU	WHILE		OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET	77	CITY OR TOWN	7	COUNTY	STATE
	22a I certify that (saw the decea above, (I) we)	l) (this hospitol ased alive on (did)(did not)		1		nd that in (my) (our) opi	2 7, to	curred on the date		from the caus	
	27% SIGHTATORE	2.2	1	1		DEGREE ATTENDIN PHYSICIA		ICAL STAFF	le.	12 - 2	
	THE PHYSICIAN TH	TIS	The	Irm n	10	770 ADDRESS	m	ed En	te		
230	BURIAL, CREMATION (SPECIFY) Burio	N. REMOVAL	23b. DATE 12-3	2 00	cred	Heart of Pe	2sus Du	endalk, Ba	lto, (°	.Md.	STATE
	harles S.	Zeiler	& Son	Inc. 622	4 Fa	stern Ave. 250	DEC 2	9 1987	REGISTAR	FIGNAMA	ndall

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

110237 81870

ST TORKER Nowsers, Lane . jule aur Code Vint 128 1, com of 128

Jurica I. Toi lee ? You Inc. 1924 Taxleet we.

7 6 5 2 8 DEC 30 87- STATE REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH &

5 REG. NO. 5

	EASED NAME	FIRST		AIDDLE		LAST		20. DATE OF DEATH	MONTH DAY		26 HOUR
(1176	OR PRINT]	ANNA			4	ORTE	Ja.		12 24	8)	0145 A
1. 5EX	-		4 RACE			OF BIRTH	-	6. AGE (IN YEARS LAST BIR		UNDER I YEAR	
	1-6	MALE		AUC.	MON		O 4	83	YRS.	VINS DATS	HOURS MIN.
	THPLACE (STA	TE OR FOREIGN	76. CITIZEN OF	WHAT COUN	VTRY?	ED NEVER	MARRIED [9. BALTIMORE CITY C	R COUNTY O	FDEATH	
1	(ICGINIC	a	US	A	WIDOW		NORCED	Baltim	ore (21 Ty	м
-	TY OR TOWN O	FDEATH			URSING HOME	OR OTHER INS	1 A	12a. USUAL OCCUPAT		126. KIND C INDUSTRY	OF BUSINESS OF
	alhnon		Vot	Md	Medic		stem	retired		77,	21 2 2
13o. S		13L COUI	(= = 1	136. CITY OF	RTOWN	13d. INSIDE	CITY LIMITS?	130 STREET ADDRESS	nowin	70 R	184
1.fA	THER'S NAME	UNK	MODIE	LAS	57	1	S MAIDEN NAM	NKNOWH WIDDLE		LAS	S1
	AS DECEASED	EVER IN U.S. AR		166 SOCIAL	SECURITY NO.	17. INFORM			ECHOW	INGO	ROAD
- (1	IS, MY UNKNOW	N) (IF YES, GIV	E WAR OR DATES)	214-3	34-3611	Homo	LD POR	TER, BEL			
	LA CALICE OF	EATH Seter of	nly one couse per	line for (a) /	(h) and (e)	1 -4 -44-6					ONSET AND DEATH
	PART I. DEA	TH WAS CAUSE	D BY:	CARE		1 RRBST					MWUTE
	DEX	IMMEDIA	TE CAUSE (o)								
7	Conditions, if	ony which	DUE 10, O	SEP	SEQUENCE OF	4				6	HRS.
	gave rise to	immediate	(0)								
	underlying		(6)	R AS A CON	SEQUENCE OF						
	PART 2 OTHER	SIGNIFICANT		ONTRIBUTING	G TO DEATH BU	T NOT RELATE	D TO THE TERM	INAL DISEASE OR/CON	DITION GIVEN	IN PART J	0
Ž	Pul	Lononon	Eder	na,	Stone	l Fil	nllate	or , Chri	nie sul	dural.	Herriton
	90 DATE OF O	PERATION	196 COND	ITION FOR W	VHICH OPERATI	ON WAS PERF	ORMED	200 AUTOPSY?	206. IF YES, V		NGS USED S OF DEATH?
CERTIFICAT	H	1/+			NIA			YES NO	YES		NO 🗌
A1 CER		CAUSE OF DE	HOUR A.	M. MONT	BTPAY YEAR	subje	at appa	rently fell	RY IN ITEM 18 PART	OR PART 2]	
MEDIC	214 INJURY OC		21e PLACE	OF INJURY		211 LOCAT		CITY OR TO	lanki -	ACHINIY	a - Brate
ž	WHILE AT WORK	AT WORK	(AT HOME, ST	REET, FACTORY, C	OFFICE, FARM, ETC.)	STRE	ET	CITY OR IC	" Bal	timore	e, Mdiate
/P#			ital) attended th	e deceased	from De	- 19	19 87	, to Dec	24 19	87	that (I) (we) la
	saw the de	eceosed olive or		24	19 87	and that in (m)	(our) opinion	death occurred on the o	ate and hour o	ind from the	couses stated
	776. SIGNATUR		t) view the body		ATION APPROV	DOM: SHIPE	-	HOVED BY MEDIUM	JAMINER .	22c. DATE	ESIGNED
	1 per	1 /4	chnese		MD	as months	WILLELING BARCO	MEDICAL STA		112/	24/87
	22d. PHYSICIAN	'S NAME (TYPE	PRINT)		of all the factors of the second of	22e ADDRE	SS				
	DAN	JIEL S	SCHNEE	WEISS	s mo	22	5.6	REENE ST.	Uo	r Ma	HOSP.
	URIAL, CREMAT	IAL	236. DATE DEC. 26	,1987	DEER	CREEK U	CREMATORY	FOREST I	HILL HA	RFORD	MARYLAN
	INERAL DIRECTO				DEF DER 1		254 DAT	PREC'D. BY REGISTRAN	256. SEGISTR	R'S SIGNA	PREMIL
H	ARKINS F	UNERAL	HOME, IN	C., DE	ELTA, PA	17314	OE!	49 1901	VIETOUS SALE	4	•

DHMH - 16 50M 1/B1 (VRA 15, 4)

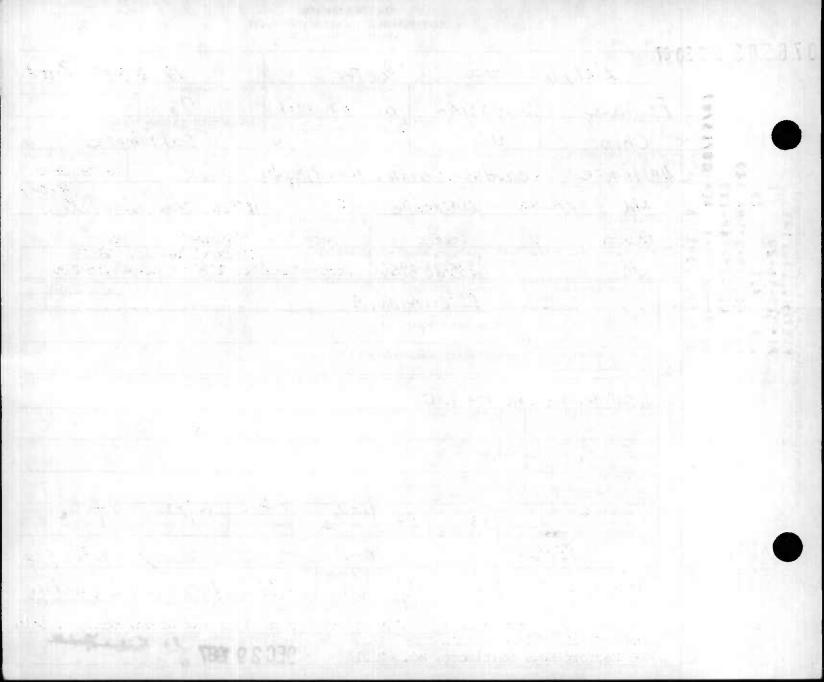
Are T P AnvA and common a last a start second . . .

STATE OF N	ARYLAND
------------	---------

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

7	Em.	1	1	1
63	3	2	2	-
REG. N	10.			

070		0000	1	REGISTRAN				CERTII	ICATE OF DEA	TH 8	REG.	NO.	1 1 -	
076	503	UEC 3		CEASED NAME	7457		MIDDLE	0	LAST		20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
	1 0			LILI	LIAN) Gra	ce	POR	eter			12 0	2387	8: 15 Am
	g 6	-	1.5E			4 RACE		5. DATE (AGE (IN YEARS LAST	BIRTHDAY)	MONTHS DATE	# UNDER 24 HRS
	a 01	80	L	emale		CAUCE	SIAN	6/	02 1	911		6 YRS		
-	4 0	1	100	RTHPLACE (STATE OFF	OR GV	76 CITIZEN OF	WHAT COUN	MARRIE	D NEVER MAR	RIED 🗍	BALTIMORE CITY	OR COUNT	TY OF DEATH	
	The	Z	-	Ohio		u.	2	WIDOW		CED 🜠	1	Part	more	MD.
10	other di	3	10	altimore	ITH .	AME OF (IF NOT IN SU PULINO	HOSPITAL, N	STREET ADDRESS)	Home 81	KSOILE	(TYPE OF WORK FOR MOS		12b. KIND C INDUSTRY Resta	of BUSINESS OR aurant
NND 212	24 hour	劉	5	AL RESIDENCE IF HUM	DAY COUR	other institution NTY ard	113c CITY OF	SVILLE	13d. INSIDE CITY		13. STREET ADDRESS	S / ZIP COL	sville Pi	,21029 Ke
25.0	1 33	10	Jang.	ATHER'S NAME		MIDDLE	LAS		15. MOTHER'S MA		E		LAS	
MA.	OF 18	13	0	Milton		G.	Port		Mary		Elizabet		Brown	
- XE	040	五五七		VAS DECEASED EVER		MED FORCES?	166. SOCIAL	SECURITY NO.	17. INFORMANT		ClarksvP			
W. J	-	12	1	NO		3,	235-2	0-3956	Dorothy	Howe]	lls, 12260) Clar		
BAL	184 5	30 =		18 CAUSE OF DEAT PART I. DEATH W	H Enter or	nly one couse pe	r line for (a), (b', and ici	. 4				BETWEEN	IMATE INTERVAL ONSET AND DEATH
5.5	1	31.		PARTI. DEATH W		TE CAUSE (a)	PIVE	umon.	IA					
NO.	C= 1	38 =				DUE TO, C	R AS A CON	SEQUENCE OF						
RES	-6	0 0	2	Conditions, if ony,		(ıb)_		_						
2 0	they are		1	cause to statin	g the	DUE TO, C	R AS A CON	SEQUENCE OF						
100	≢ p	10 g	160			(c)		0.10.05.17.10.11						
90	anna dan	o po	Z	PART 2 OTHER SIGN	IDC AL	4	ONTRIBUTING		NOI RELATED TO	THE TERMIN	NAL DISEASE OR CO	NDITIONG	IVEN IN PART TO	5
COR	3 97	P	₹ ,	THE DATE OF OPERA	TION				N WAS PERFORM	ED	20a AUTOPSY?	20b. 4F Y	ES, WERE FINDIN	4GS USED
1 85	9 5 1	111/	1 1	The state of the s							YES NO		TIFYING CAUSES YES []	OF DEATH?
IIIA	10 10	1 100	- 8	21a. ACCIDENT WAS UND	DERLYING				21c. HOW INJUR	Y OCCURRE	D (ENTER NATURE OF IN			
40	35 11	21/1	1 ×	OR CONTRIBUTING (RI CY	.M. MONTH .M.	H DAY YEAR						
DIVISION OF	Supplement of the supplement o	11/	MEDIC	214 INJURY OCCUR		21e PLACE	OF INJURY		211 LOCATION		CITY OR	IOWN	COUNTY	STATE
IVES	26 3	1 3/	2	WHILE NOT WE AT WORK	RK	TAT HOME ST	MEET FACTORY, C	OFFICE, FARM, ETC.)	b	0.7				3
0	AD A	100	103	220.1 certify that	(this hospi			from	113	9 1	10	73	. 19 8 -	that (we) last
	E4 B	1 2		saw the decease above. (we) (ed alive on	of) view the body		19 X 7 . d	nd that in worklow	r) opinion de	eoth occurred an the	date and he	our and from the	couses stoted
	A 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	10		226. SIGNATURE	ma.	, ,			DEGREE				22c DATE	SIGNED
	# # #	10 17			reor	u				NDING SICIAN	MEDICAL ST	SICIAN	12	Y3187
	FUNER PLANE	PRT AP		224 PHYSICIAN'S NA			,	77	22 ADDRESS	11 0	1	0		A
	2年 0	# 80 A		TATKE LIT	A (D. Kr	V	my.	LEVINIANE	- HEIDIK	EN GELLATI	RIC EEN	V13/2 4	488117AZ
	N. F. C.	124	23a	BURIAL, CREMATION,	REMOVAL				EMETERY OR CREA		23d LOCATION CITY OF TOWN		COUNTY	STATE
	BP	_		Burial		Dec.28			Memorial		_			ont, Ohio
	DHMH - 16	60M 7/84		ROBERTCIOR			ADD	RESS		25a DATE	REC'D. BY REGISTRA	AR ASS REGI	STRAP'S SIGNA	HELDE
	(VRA I	5, 4)		6009 Harfo	rd Ro	d., Balt	imore,	Md. 2	L214	UEU	4 9 1987	d		



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be

retained by the haspital or attending physician.

07675

executed within 24 hours after death. Page 4 may be

STATE OF MARYLAND

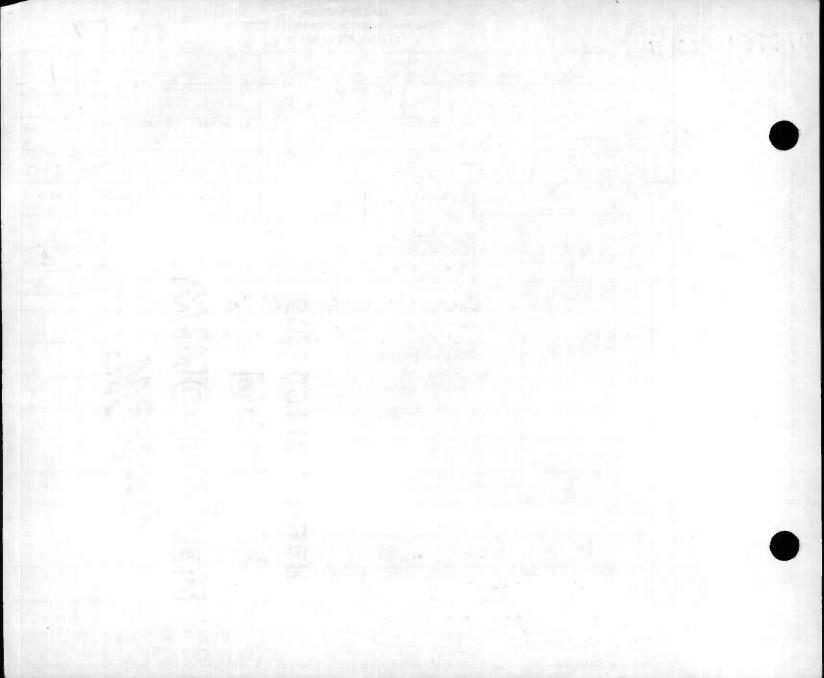
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. N	10.5	E	1	7
DEATH	MONTH	OAY	YEAR	21

03	FOR STATE REGISTRAR		DEPARTA		ICATE OF DEATH	IENE	REG. NO.	1 1	7
	DECEASED NAME FIRS		MIDDLE	i.	AST	20. DATE OF	DEATH MONTH	OAY YEAR	26 HOUR
		rgaret	Katherin	ne	Porter	Dece	ember 25	1987	PA
3.	SEX	4. RACE		5. DATE C		6 AGE INY	EARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
	Female	Whi	te	Dec		68	YRS		MIN.
70	BIRTHPLACE (STATE OR FOREIG	76. CITIZEN C	F WHAT COUNTRY?	8.	DE NEVER MARRIED		RE CITY OR COUNT		
3	Delaware	U.S	.A.	WIDOWE		Ba	altimore	City	M
10	Baltimore	(IF NOT IN S	FHOSPITAL, NURSIN UCHFACILITY, GIVE STREET 3 Clarew	ADDRESS)	OR OTHER INSTITUTION	(TYPE OF WOR	OCCUPATION K FOR MOST OF WORKING	LIFE) INDUSTRY	of BUSINESS OF spital
0	SUAL RESIDENCE IN NURSING HO		ON, GIVE RESIDENCE BEFORE	ADMISSION)	134. INSIDE CITY LIMITS?	IIIA STREET	ADDRESS		
	Md.	OUNT	Baltime	ore	YES NO	46.	33 Clare	way	21213
14	FATHER'S NAME FIRST Walter	WIDDLE	Childre	SS	Katheri		WIDDLE	KeÎ	ly
16	. WAS DECEASED EVER IN U.			RITY NO.	17 INFORMANT		ADDRESS		
1	(YES, NO OR UNKNOWN) (IF Y	S. GIVE WAR OR DATES)	217-18-	1621	Kathryn P	orter	(dghtr)	same	addres
	Conditions, if any, whis gave rise to immedia cause (a), stofting the underlying couse la		AS 76 S (S		(a				
G	19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYIN	19b. CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTO	IN CERT	ES, WERE FINDI	
	an contratation of course	DE DEATH HOUR	OF INJURY A.M. MONTH DA	AY YEAR	21c HOW INJURY OCCUR	RED (ENTERNA	LTURE OF INJURY IN ITEM 18	PART I OR PART 2)	
	CR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EX. 21d. IN JURY OCCURRED WHILE NOT WHILE [AT WORK AT WORK	/AT HOME	E OF INJURY STREET, FACTORY, OFFICE, F	ARM, ETC	21f LOCATION STREET		CITY OR TOWN	COUNTY	STATE
	220.1 certify that (1) (this saw the deceased all above, (1) (we) (did) (c			, 01	nd that in (my) (aur) apinion		ed on the date and he		that (1) (we) lose couses stated
T	22b. SIGNATURE		2 m		DEGREE ATTENDING PHYSICIAN &	MEDICAL DIRECTOR	STAFF PHYSICIAN	22c. DATI	SIGNED
T	224. PHYSICIAN'S NAME			= W(=0	22e ADDRESS		EEET I		
1	Dr. Tariqu	e Firoz	vi		223 Eas	tern	Ave.		
2:	Burial, CREMATION, REMO	236 DATE 12/2		arkw		23d. LOCA	altimore	Coupir	Marie
	Schimunek Fu ome, Inc.	neral	3331 Br Balto. M	ehms d. 2	TIGHTO DE	C 3 O	1007	STRAR'S SIGNA	TURE . Lace

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP



Pod you

STATE OF MARYLAND

DE

PARTMENT OF HEALTH AND MENTAL	HYGIENE	
CERTIFICATE OF DEATH	8 7	

	1 -	FOR STATE REGISTRAR	DEPAR		ELALTH AND MENTAL HYG	REG. NO	0.	8		
E	N. DEG	EASED NAME FIRST DON.	ALD EDWARD		MESS Jr.	20. DATE OF DEATH DECEMBER	12,1987		26. HOUR 11:49A	
	3. SEX	(4. RACE	5. DATE O	OF BIRTH	6. AGE IN YEARS LAST BIR			IF UNDER 24 HRS	
	ulli	Male	White	OC.	t. 2, 1927	60	YRS.	DAYS	HOURS MIN.	
2	7a. BIF	RTHPLACE (STATE ORFOREIGN OUNTRY) Mberland Md.	76 CITIZEN OF WHAT COUNTR	Y? 8 MARRIE WIDOWI	D NEVER MARRIED	P BALTIMORE CITY OR COUNTY OF DEATH City				
2	B	alto. City	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY GIVE STR Chuirch Hom	e. Hos		120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O	ON OF WORKING LIFE) IND	KIND OF USTRY	BUSINESS OR	
-	13a. S	alto.	ROTHER INSTITUTION GIVE RESIDENCE BEF NTY 13c. CITY OR TO	ORE ADMISSION)	13d. INSIDE CITY LIMITS? YES A NO	13. STREET ADDRESS	Praitt S	it.	21231	
P	9	THER'S NAME onald Edua	rd Portnes s	Sr.	15 MOTHER'S MAIDENNA	MIDDLE	Hard	imam		
-		VAS DECEASED EVER IN U.S. AR 185. NO OR UNKNOWN) (14 95 91)	WE WAR OR DATES) 166 SOCIAL SE 212-2		B Mrs Eile	En Martin	. Same		#13	
	Z	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 DIABETIS MELLITUS, STROKE								
1	CERTIFICATION	DIABETIS M	198 CONDITION FOR WHI		ON WAS PERFORMED	200 AUTOPSY?	IN CERTIFYING CAUSES OF DE			
5		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR			PART 2]		
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE		211 LOCATION	CITY OR TO	iwn co	אואויי	STATE	
-		sow the deceased alive an	DEC 12	07	nd that in () (our) opinion DEGREE ATTENDING PHYSICIAN	deoth occurred on the di	FF	tiom the co		
		22d PHYSICIAN'S NAME AVPE OF			In apposes	URCH HOSP	HEAL Ma	RP 21	231	
		BURIAL, CREMATION, REMOVAL		c. NAME OF	CEMETERY OR CREMATORY	23d. LOCATION	COUN	NIY	STATE	
	Bu	rial	Dec. 16,87	Md.	Vetens Cem.	Canal	Form		Md	
	24 FU	JNERAL DIRECTOR	ADDRES		25q. QA)	IE REC'D. BY REGISTRAR	TO TEGISTINES	SIGNATO	Should .	
	Ch	narlton Fune	1 Hame, 200		tern Ave Ut	V 18 198/	de la			

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

						F-157 - 1919 - 19
		. BE				Villa
		Table .				
	610					
	Antin so	Auga	TOK	parts no	10118	union. Oli
dell'est dies	1 162			N# 10		. die
a acabasil		No tra		170	line in	dell'ulicut
	10.00 00	13-7-	31-	11-11		
				Alba		
	No. in		,			
			-3			
					ee .	

071	4902	DEA	J LEGR7			D	EPARTM			ARYLAN		YGIENE				
			REGISTRAR					XAMIN			CATEO		H 13 &	6. NO.	1 9	
		T	DECEASED NA	ME FIR	ST		WIDDLE			LAST	9		DATE KNOV		IH DAY	YEAR 26 HOUR
	T. SS.	- 3	(TYPE OR PRINT)	Mito	chell				Po	we			OF ESTI		2/ 6/19	87 N
	ZEE CIE	3	SEX	4 RACE	5 DATE	OF BIRTH	6	. AGE (IN YE	- V	DER I YR.	IF UNDER 2	24 HRS. 2c.		MONT	DAY	YEAR 74 HOUR
	IS NECESSARY, PLEASE E FUNERAL DIRECTOR. E. 5. FOR YOUR FILES. ED, WITHIN 72 HOURS.		Male	Blac	7	-12-1	-)	AGE (IN YE	RS. MONT	HS DAYS	HOURS	MIN. PR	DEAD	1	2/ 6/19	87 A M
	RAL KAL	7	e. BIRTHPLACE			ENOFWHA	AT COUNT	RY?	8. MARR	IED NEV	VER MARRIE	P. 9.	BALTIMORE	ITY OR COU	NTY OF DEA	
	S S S S S S S S S S S S S S S S S S S	1		Caroli		JS		100	WIDOW	/ED 🗆	DIVORCE	D X	Baltim			MD
T	> E G E S	Ø	Baltin		(IF NO	E OF HOSP TINISUCH FACE 1 Euta	LITY. GIVE STR	EET ADDRESS)	OR OTH	ER INSTITUT	TION		L OCCUPATION ST OF WORKING LIF			OF BUSINESS IDUSTRY
-	SEN SE		SUAL RESIDEN	E (IF IN NURSING H	OME OR OTHER INS		RESIDENCE BE	FORE ADMISSI	ON)				-	7/2	1	.1
2 1201	H. IF ANY CELA 2, AND 3 TO T A 3, RETAIN PA 2 SHOULD BEE TAL RECORDS, 3		Maryla		OUNTY	and the same of	Ra 1	timo:	re	13d. INSIDE CI YES 50	NO [192	T ADDRESS	w Pl	Apt (30
2 8	AL 3	1	FATHER'S NA							15. MOTHE	R'S MAIDE			TT W		
	F < 0 =	(0)	Richar	d	MIDDLE		Po	WA		FI	IRST		MIDDLE		LAST	
WO	005 0	1	. WAS DECEA	SED EVER IN U.S	. ARMED FOR	ES?		AL SECURIT	Y NO.	17. INFORM	TAANT		ADI	RESS		
ALTIMORE		/	YES, NO, OR UNI	NOWN) (IF YES	GIVE WAR OR DATE	5)	249-	10-7	401	Nel	le tha	Gra	ham			
.60	S S S		18 CAUSE	OF DEATH (Ente	er anly one cau	se per line f				U_0.0					APPRO	DXIMATE INTERVAL
PRESTON ST.,	ITHIN 24 HOU ICIL IN ITEM 18 NER ALDONG V ANSIT PERMIT AL HYGIENE, I	i i	PARII	DEATH WAS CA	DIATE CAUSE	(a)	Arte	riosci	lerot	ic Car	rdiova	ascula	ar Dise	ase	JET MEET	O TOTO DE ATT
STO	A A I A	Š				E TO, OR A	S A CONS	EOUENCE	OF				Product	7		
94	WITHIN SINCE IN TRANSIT	22		ians, if any, w		(b)		T. T								
×	NA NEZ	K.		(a) stating the <u>ur</u> ause last.	DU	E TO, OR A	SACONS	EOUENCE (OF			3000	118			
5, 20	SEN AND AND AND AND AND AND AND AND AND AN					(c)										
RECORDS, 201	D BE EXECUTED VENDING" IN PER MEDICAL EXAM AS A BURIAL - T EALTH AND MEN	EWA		SIGNIFICANT CONOI	TIONS CONTRIBUTIN	G TO OEATH BU	IT NOT RELATE	O TO THE TERM	INAL DISEAS	OR CONDITION	GIVEN IN PART	T 1 :0				
REC			THE DICAL CATER THE CATER THE CATER THE CATER THE CONTRIBUTION TO THE CONTRIBUTION TO THE CONTRIBUTION TO THE CONTRIBUTION TO THE CATER	OF OPERATION	191	CONDITIO	ON FOR W	HICH OPER	ATION W	AS PERFOR/	MED?				20 AUTO	OPSY?
Ĭ.	WORD "P WORD "P IE CHIEF BE USED ENT OF HI	XX.	E I		300										YES	_
DIVISION OF VITAL	W HE W	000	210 EXTER	NAL CAUSE WA		TIME OF I			21c HC	OW INJURY	OCCURRED	(ENTER NAT	URE OF INJURY IN I	EM 18 PART 1 OR		
NO	STATE OF THE STATE	×>	MUNDERLY I	NG OR	and the second second	OUR A.M. P.M.	MONTH L	JAT TEAR								
VISIO	EP 1	ž Z	21d. INJUR	OCCURRED		PLACE OF		(AT HOME,		CATION						
ā	TO MEDICAL EXAMINER: THIS CERTIFICATE SE EXECUTE THE CERTIFICATE, WRITING THE WOI PAGE 4 SHOULD BE FORWARDED TO THE OF TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE AFFIRE DEATH, WITH THE STATE DEPORTMENT	2	¥ WHILE AT WORK	NOT WHILE		JIREET, FACTO	KT, FARM, E1C.			IKEEI			CITY OR TOWN		COUNTY	STATE
	ATE, TATE, ORW	2,7	220 I ce	rtify that Wook a	harge of the re	mains desg	ibed alave	e, held an	Autap	sy 🔲,	Inspection	<u> </u>	Inquiry X	and in my	apinian	
	MAN HE HE HE	\$	death res	lted from: N	Natural causes	图//	Accident [, Su	rcide	Homici	ıde .	Undetern	nined manner			
	ERT SERT	X X		100,	1111	0/1/	/	12	hi.	THUE IS	PECIFY)					
	AHENT.	, j	SIGNATUR	E_CCC	ince	X	my	1111	M	6 ASS	stant	MEDICA	AL EXAMINER	DAT SIG		12/7/87
	LEDIC JAE	2	EXAMINER	'S NAME	Dennis	E Cn	with	MD			111	D	01			
	N A GE CL	1	EXAMINER (TYPE OR P			r. Si				ADDRESS			St.,	Balto.	,_Md	21201
		2	(SPECIFY)	ATION, REMOV		2 0m		Found		R CREMATO	DRY	23d. LOCA	TOWN	cc	YTAUC	STATE
07/84 25M	01	7	Buria 4. FUNERAL DIR			3-87				11	DATE RE	Che	CISTRAR(125h	REG#STRAR'S	SIGNATURE	SC
	DHMH - 17 (VR A15 ME (5		NAME	Carrol	1 12	12-1	L W	Non	th A	Ve U	Lo 1	1 198	GISTRAB! 236	Desides	n-Kanda	M.
	1					_~ _	7 77 0	HOT	ATT W	100						

1-21-4 1927 ele בעלי נפניסנו זי Ral*imome x SO to A I I watus 1991 ingivial basdo 1x. SVO L 249-10-9401 collega raham 391 worard urial 12-13-89 coundry Mill

Irvin Serroll 1912-14 . orth .ve.

CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME FIRST LAST 2a DATE OF DEATH MONTH TYPE OR PRINTI deoth BABY GIRL POWELL 6. AGE (IN YEARS LAST BIRTHDAY) 5. DATE OF BIRTH SEX MONTH N/A 9 BALTIMORE CITY OR COUNTY OF DEATH JE BIRTHPLACE (STATE OF FOREIGN 75 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED XX MARYLAND BALTIMORE CITY U.S.A. WIDOWED DIVORCED CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION WORK FOR MOST OF WORKING LIFE! BALTIMORE MARYLAND 21201 USUAL RESIDENCE (IF NURSING SOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) COUNTY 130 MARYLAND 134 INSIDE CITY LIMITS? 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE pud UNKNOWN VONDELETTE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT medical Poges. N/A VONDELETTE Y. POWELL 18 CAUSE OF DEATH (Enter only one cause per line for to 1-16), and to PART I. DEATH WAS CAUSED BY: lovor IMMEDIATE CAUSE (a) PRESTON ST DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 ğ DIVISION OF VITAL RECORDS, CERTIFICATION 0 prior 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF 21g ACCIDENT WAS UNDERLYING 716 TIME OF INJURY (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) PM 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION STREET CITY OF TOWN (AT HOME, STREET FACTORY OFFICE, FARM ETC.) NOT WHILE 220 | certify that (1) (this haspital) attended the deceased fro saw the deceased olive an. d that in (my) (our) apinion death occurred on the date and haur and from the causes stated above, (1) (we) (did) (did not) view the body after 226, SIGNATURE DEGREE ATTENDING MEDICAL STAFF be deta FUNERAL I DIRECTOR PHYSICIAN MPORTANT

Susan

230 BURIAL CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION (SPECIFY) 12/10/87 BALTIMORE NEW CATHEDRAL BURTAL P. A 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 LEROYDIMCTOR RUSSELL C. WITZKE FUNERAL HOMES 1630 EDMONDSON AVENUE, CATONSVILLE, MD.

22e ADDRESS

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

26. HOUR

12b. KIND OF BUSINESS OR

LAST

220 DATE SIGNED

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

POWEL

SAME

YES D

IF UNDER 1 YEAR

IF LINDER 2 LHPS

0

DHMH - 16 60M 7/B4 (VRA 15, 4)

0

BP

FOR

STATE

FOR

1 - STATE

07560

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

H	8 / REG. NO.	5 1	60	1	
	12/15/87	YAG HTMC	YEAR	26. HOUR	
-	6 AGE (IN YEARS LAST BIRTHE		DER I YEAR	IF UNDER 24 H	
EAN 4	73	MONI	HS DATS	HOURS M	

DEC 2415 BTR			CERTIF	ICATE OF DE	ATH §	3 / R	EG. No.	Ġ	la	1
1. DECEASED NAME FIRST	^	AIDDLE	- L	AST		20 DATE OF DE		DAY	YEAR	26. HOUR
James		Pow	rell			12/1	5/87			1.47/
3 SEX	4 RACE	^/	5 DATE O	F BIRTH		6 AGE (IN YEARS	LAST BIRTHDAY)		RIYEAR	IF UNDER 21 H
M	I	3 'V	MONTH	ov. DAY 11	**^14	73	YRS	MONTHS	DATS	HQURS M
BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	NEVER MA	POIED []	9 BALTIMORE	CITY OR COUN	TY OF DE	ATH	
Md.	U.S.	Α.	WIDOWE		DRCED [City				
ID CITY OR TOWN OF DEATH		HOSPITAL, NURSING		R OTHER INSTIT	UTION	170 USUALOCO	UPATION MOST OF WORKING		KIND OF	BUSINESS
Balto.		709 Char		Ave.		The or trouvers			Fo	od
USUAL RESIDENCE LIF NURSING HOME O 130 STATE 136 COU	a division tradition of the	13c CITY OR TOWN Balto.		13d. INSIDE CITY	Y LIMITS?	13e STREET ADD	RESS / ZIP COI Charlto	on A	ve.	212]
FATHER'S NAME FIRST James Po	well	LAST		15. MOTHER'S A	MAIDEN NAM		Powe:	11	LAST	
160 WAS DECEASED EVER IN U.S. AF	RMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMAN	T		ADDRESS			
no	VE WAR OR DATES)	217 03	6392	Mrs.	Hatti	e Powe	11 470	9 Ch	arl	ton

no	217 03 6392 Mrs. Hatti	le Powell 4/09 Charlton
PART I DEATH WAS CALLS	nly one cause per line for 101, (b., and 10). ED BY: TE CAUSE (a) MYOCARDIAL DA FAR	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gave rise to immediate	DUE TO, OR AS A CONSEQUENCE OF	
cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF	
PART 2 OTHER SIGNIFICANT	CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVEN IN PART 110
190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED

N CERTIFYING CAUSES OF DEATH? NO YES T 710. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY TIE HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART : OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED TIE PLACE OF INJURY 211 LOCATION

CITY OR TOWN AT HOME STREET FACTORY, OFFICE, FARM, ETC | NOT WHILE

22a.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive an 2 /3 above. (I) (we) (did) (did nat, view the bady after death. and that in (my) (aur) apinian death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c DATE SIGNED MEDICAL STAFF ATTENDING my

PHYSICIAN 47 -0 224 PHYSICIAN'S NAME (TYPE OF PRINT) 77e ADDRESS

DIRECTOR PHYSICIAN

	Cosmo	JACOBS	4001 Liberty	Heights	Mr. BALTO	md 515
23a	BURIAL, CREMATION, REMOVAL	23b DATE	236 NAME OF CEMETERY OR CREMATORY	23d LOCATION		
	(SPECIFY)			CITY OF TOWN	COUNTY	STATE

Burial 12/19/87 Lakeview Sykesville, Md.

James A. Morton & Sons 1701 LaurensST.

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

hos be

certificate

the buriol-tra

should be detached with the State Dept.

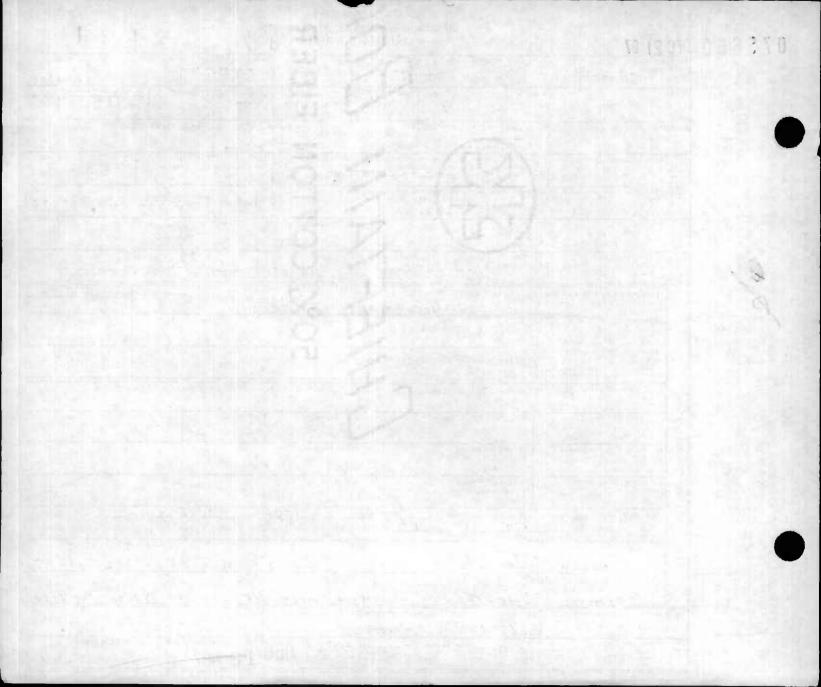
MPORTANT

18

morked or Item

CERTIFIC

MEDICAL



0 \$ 5 2 7

litector page 3

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

7.5	pun.		43	2
REG NO.	:3	3	2	Ties.

	1-	FOR STATE			DEP		EALTH AND MENTAL HYG	IENE	5 1	2 2	
		REGISTRAR DE ASED NAME OR PRINT)	bert	۸	NODLE	£	owell	20 DATE OF DEATH	MONTH DAY	87 2b	HOUR 9 P M
	. SE X	male		RACE B/A	CK	5. DATE C	- 24 - 25	6. AGE (IN YEARS LAST BIR'	YRS MON	THS DAYS H	UNDER 24 HRS
1	C	RTHPLACE (STATE OR FO		USA		MARRIEI	Total Control Control	6	ty		MD.
1		tyortown of DEAT altimore	H			IRSING HOME C IREET ADDRESS) CE	nter	120 USUAL OCCUPATION OF OF WORK FOR MOST O		176 KIND OF B INDUSTRY	USINESS OR
5	3a S	AL RESIDENCE (IF NURSIN TATE Md. THER'S NAME	13b COUNT	THER INSTITUTION Y	Baltir	TOWN	13d INSIDE CITY LIMITS? YES NO 15 MOTHER'S MAIDEN NAI FIRST Georgianna	WIDGLE		2. 212	16 e
1		VAS DECEASED EVER IN (ES, NO OR UNKNOWN)		ED FORCES? WAR OR DATES)	16b SOCIAL	SECURITY NO.	Elena P. She	ADDRE	SS	ve. 212	29
	TION		ediote the ast. FICANT CC	DUE TO, OF	R AS A CONSI		chancial doss	SOCIATION NOVA OF LUX INAL DISEASE OR COM	ATION GIVEN	IN PART TO	
2	CERTIFICAT	19a DATE OF OPERATI		21b. TIME O		HICH OPERATIO	N WAS PERFORMED	YES NO	IN CERTIFYIN	G CAUSES OF	
1	MEDICAL CE	210. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA 21d INJURY OCCURRE WHILE NOT WHILE AT WORK AT WORK	AUSE OF DEATI	HOUR A.I	M. MONTH M. DF INJURY	DAY YEAR 19 FICE FARM, ETC.)	21c. HOW INJURY OCCURE 211 LOCATION 51REET	CLITY OR TO		ORPART 2}	57ATE
		22a.l certify that (1) (saw the decease above, it i was ide 22b. SIGNATURE 5	d alive an	Delle body		19, ar	, 19 nd that in (my) (aur) apinian DEGREE ATTENDING PHYSICIAN	MEDICAL STAI	F A		
		EHAD!	2	クレカニ			27e ADDRESS	dual Cen	4n	10	
	1	BURIAL, CREMATION, R	REMOVAL	12/14	/87		burn Cem.	23d LOCATION CITY OR TOWN Westpo		°™Md.	STATE
	24. FL	JNERAL DIRECTOR					250 DAT	EREC'D. BY REGISTRAR	256 REGISTRA	R'S.SIGNATUR	5.

DHMH - 16 60M 7/84

BP.

IMPORTANT: If them 21 is marked ar them-18 shows any injury, or ather TO FUNERAL DIRECTOR. After this certificate has been signed by the should be detached for use as the buriol-transit permit. Then please it with the State Dept. of Health and Mental Hygiene prior to burial, cre

Estep Bros. F.H. 1300 Eutaw Place (VRA 15, 4)

UEU 13 1987 I dea Devidson Rondola

STATE OF MARYLAND

FOR	DEPARTMENT OF HEALT	H AND MENTAL HYGIEN	E		149
STATE REGISTRAR	CERTIFICAT	E OF DEATH	7 RED NO	5!2	3
DECEASED NAME FIRST	MIDDLE VIST	20	DATE OF DEATH	MONTH DAY YEAR	26 HOUR
(TYPE OR PRINT) Florence	. TRe	SCO	/.	2-23-87	7 M
SEX / 4 RACE	5. DATE OF BIR	TH 6 A	AGE (IN YEARS LAST BIRT	MONTHS DA	
Female N	egro 4-	11-00	87	YRS	
BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN C	MARRIED MARRIED	NEVER MARRIED - 9 E	BALTIMORE CITY OF	COUNTY OF DEATH	-
Virginia U	1317 WIDOWED	DIVORCED 1	BAllin	ore Cill	MD.
	DE HOSPITAL, NURSING HOME OR OTI SUCH FACILITY, GIVE STREET ADDRESS)		USUAL OCCUPATION TO THE PORT OF WORK FOR MOST OF	ON 12b. KINE WORKING LIFE) INDUST	OF BUSINESS OR
BAllimore 16	15 N. SMALL	400d ST 1	tome ma	Ker	
SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTE 30 STATE 136 COUNTY		NSIDE CITY LIMITS? 130	STREET ADDRESS /	ZIP CODE	12/17+
naryland	1211111111111	NO D	615 N.	SMALLWOO	0051
FATHER'S NAME	1 . yst	OTHER'S MAIDEN NAME	# MIDDLE	1/2	LASY
MEONION	Wilson	FLIZAL	ADDRE	CIAG	100
(YES, NO OPUNKNOWN) (IF YES, GIVE WAR OR DATES		NFORMANT D	h.+/ 11		1 4/2
NO	713 24 2501 11	r. Richard I	nichell	1503 N. K	CALATON SINTERVAL
18 CAUSE OF DEATH (Enter only one couse PART I, DEATH WAS CAUSED BY:	per fine for (a), (b), and (c).)			BETWE	EN ONSET AND DEATH
IMMEDIATE CAUSE (0)	SIKOKZ				
	OR AS A CONSEQUENCE OF	ROSCLERO	2515	The second	
Conditions, if any, which gave rise to immediate	AIN	RECEIRE		- 15-2-2	
couse (a), stating the DUE TO underlying couse lost.	OR AS A CONSEQUENCE OF			de el la	
(1c)	CONTRIBUTION TO DESTRUCT	DELLATED TO THE TERLAND	L DISSUSS OR SOLIS	TION CREEK BARRE	
PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT	KELATED TO THE TERMINA	IL DISEASE OR CONL	DITION GIVEN IN PART	110
UNG DATE OF OPERATION 196 COL	NDITION FOR WHICH OPERATION WA	SPERFORMED	20s AUTOPSY?	20b. IF YES, WERE FIN	DINGS USED
190. DATE OF OPERATION 196. COI			YES INOI	IN CERTIFYING CAUS	SES OF DEATH?
210. ACCIDENT WAS UNDERLYING 216. TIM	E OF INJURY 21c.	HOW INJURY OCCURRED			
OR CONTRIBUTING CAUSE OF DEATH HOUR	A.M. MONTH DAY YEAR				

STATE

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE

22e ADDRESS

ATTENDING PHYSICIAN

MEDICAL STAFF
DIRECTOR | PHYSICIAN |

CITY OR TOWN

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

160

MEDICAL

21d INJURY OCCURRED

77h SIGNATURE

230 BURIAL, CREMATION, REMOVAL

NOT WHILE

sow the deceased alive

other traumatic burial, crematian,

ö

Hem 18

is marked or

IMPORTANT: If Item 21

prior to

23b. DATE

220.1 certify that (1) (this haspital) attended the deceased from

21e PLACE OF INJURY

(AT HOME STREET FACTORY, OFFICE FARM ETC.)

ARKEN

211 LOCATION

23c NAME OF CEMETERY OR CREMATORY

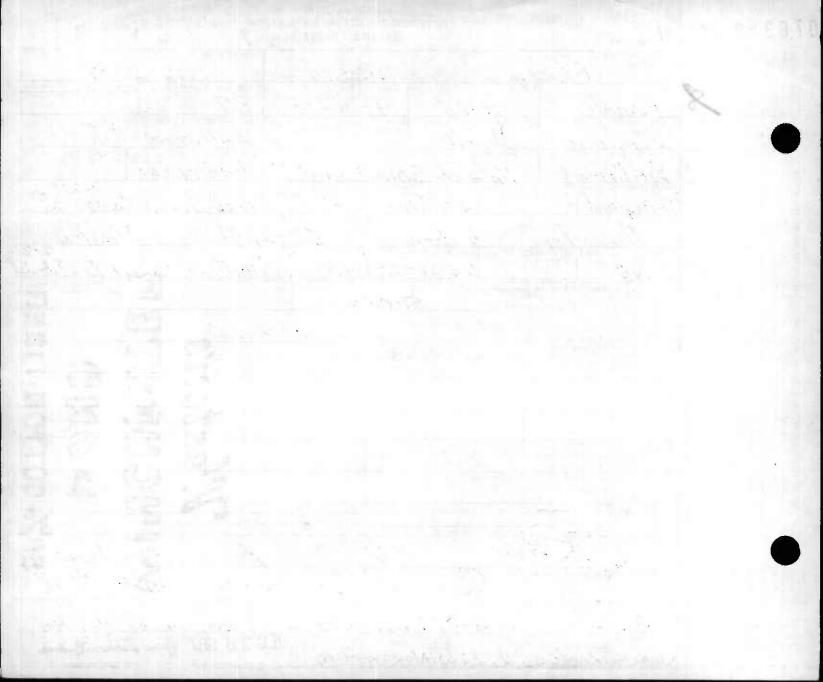
COUNTY

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

23d LOCATION



STATE OF MARYLAND								
DEPARTMENT	OF H	EALTH	AND	MENTAL	HYGIENE			
CF	RTIF	CATI	OF	DEATH				

ATE UF MAKTLAND				4-			
F HEALTH AND MENTAL HYGIENE			5	5		2	4
TIFICATE OF DEATH	(2)	# NO. 110	A.,		•		1

RESIDENCE (IF NURSING HOME OR CATE OLLO AS DECEASED EVER IN U.S. ARM ON OR UNKNOWN) (IF YES, GIVE 8 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	Balto. Grove	MARRIED WIDOWED ING HOME OF ET AGORETS) IN HOSP NEE ADMISSION) WN	BIRTH 2 Jay NEVER MARRIED DMORCED ROTHER INSTITUTION 134. INSIDE CITY LIMITS? YES NO 15. MOTHER'S MAIDEN NAM Marie 17. INFORMANT	6 AGE (INYEARS LAST BIRTHDA 74 9 BALTIMORE CITY OR C Balto. Ci 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO HOmemaker 13. STREET ADDRESS, ZI 320 Souther	VRS. OUNTY OF DEATH ty ORKING LIFE) 126 KIND OF BUSINES INDUSTRY P CODE rn Ave. 21214 Wehrhahn
HPLACE (STATE OR FOREIGN) (SATE OR FOREIGN) (FOR TOWN OF DEATH (FOR TOWN OR IN WAS CAUSED (FOR TOWN OF DEATH (FOR TOWN OF DEATH	The CITIZEN OF WHAT COUNTRY U.S.A. 11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREET GOOD SAMARTI ta 13c. CITY OR TO' BAIL TO. AND FORCES? AED FORCES? AED FORCES? WAR OR OATES) Y one couse per line for (a), (b), o BY: E CAUSE 10)	MARRIED WIDOWED ING HOME OF ACCESS) TO HOSP ORE ADMISSION) WN CURITY NO. 13605	DAY 26 NEVER MARRIED DIMORCED DIMORCED ROTHER INSTITUTION 13d. INSIDE CITY LIMITS? YES NO 15. MOTHER'S MAIDEN NAM Marie 17 INFORMANT William T. P	9 BALTIMORE CITY OR C Balto. Ci 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO HOMemaker 132 STREET ADDRESS / ZI 320 Southe: ME MIDDLE ADDRESS	OUNTY OF DEATH ty Prode Industry Prode The Ave. 21214 Wehrhahn 13e
(OR TOWN OF DEATH Balto. RESIDENCE (IF NURSING HOME OR CATE (IS). COUN' (IC). HER'S NAME OLTO AS DECEASED EVER IN U.S. ARM (IF YES, GIVE B CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if ony, which	U.S.A. 11. NAME OF HOSPITAL, NURS (IENOT IN SUCH FACILITY, GIVE STREET GOOD SAMARTI ta DIMER INSTITUTION, GIVE RESIDENCE BEFO 13c. SITY OR TO: BALTO. MIDDLE Grove AED FORCES? MAR OR OATES) Y one couse per line for (a), (b), o BY: CAUSE 10)	MARRIED WIDOWED ING HOME OF ET AGORETS) IN HOSP NEE ADMISSION) WN	DIMORCED DIROTHER INSTITUTION 13d. INSIDE CITY LIMITS? YES NO DIS. MOTHER'S MAIDEN NAME AND A PIRST 17 INFORMANT William T. P	Balto. Ci 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO HOmemaker 132STREET ADDRESS / ZI 320) Souther MIDDLE ADDRESS	prking life) 126 KIND OF BUSINES INDUSTRY Property Ave. 21214 Wehrhahn 13e
Balto. RESIDENCE (IF NURSING HOME OR CALE IN ITS IN AME OF LIPS) SO DECEASED EVER IN U.S. ARM (IF YES, GIVE IN ITS IN AME OF LIPS) 8 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	CHANGE OF THE PROPERTY OF THE	ET AGOSESS) AN HOSP ORE ADMISSION! WN CURITY NO. 3605	Nation Tiers And The Part of the Program Tiers And The Program Tiers And Tie	Homemaker 13. STREET ADDRESS / ZI 320 Souther ME MIDDLE	P CODE rn Ave. 21214 Wehrhahn s 13e
AS DECEASED EVER IN U.S. ARM O O UNKNOWN) 8 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if ony, which	ANDDLE Grove AED FORCES? 166 SOCIAL SEC (WAR OR OATES) 214-34- Ty one couse per line for (a), (b), or BY:	URITY NO3605	YES NO DIS. MOTHER'S MAIDEN NAME OF THE STATE OF THE STAT	ME MIDDLE ADDRESS	Wehrhahn
AS DECEASED EVER IN U.S. ARM (IF YES, GIVE 8 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if ony, which	Grove AED FORCES? 166 SOCIAL SEC WAR OR OATES) 214-34- y one couse per line for (a), (b), o BY: E CAUSE (a)	3605	Marie Normant William T. P	ADDRESS	s 13e
CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if any, which	y one couse per line for (a), (b), or BY:	·3605	William T. P		
IMMEDIATE Conditions, if any, which	CAUSE (0)	and Icu)	Accept		APPROXIMATE INTERV BETWEEN ONSET AND D
cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CO		UENCE OF A		INAL DISEASE OR CONDITION 1200 AUTOPSY? 120	b IF YES, WERE FINDINGS USED
ILD, ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEAT	"	DAY YEAR	21c. HOW INJURY OCCURR	YES NO	I CERTIFYING CAUSES OF DEATH YES NO () ITEM 18 PART 1 OR PART 2)
Id. INJURY OCCURRED WHILE NOT WHILE IT WORK	71e PLACE OF INJURY		211 LOCATION STREET	CITY OR TOWN	COUNTY 51A
20.1 certify that (I) (this haspite saw the deceased alive an above, (I) (we) (did) (did not)	12/20/ 19	87_, and		, to death occurred on the date of	
2d. PHYSICIAN'S HAME TYPE OR		7111	ATTENDING PHYSICIAN 27e. ADDRESS		17 WAY
MELICAN NA	A TI TOIL OF ICI MIS		3 3 4 3 4 4 4	-11-	
(IF 1d. WH. 7 W. 2a.	CONTRIBUTING CAUSE OF DEAT FEITHER NOTIFY MEDICAL EXAMINER) INJURY OCCURRED HILE ALL NOT WHILE CAUSE LI certify that (I) (this haspity saw the deceased alive an above, (I) (we) (did) (and not SIGNATURE PHYSICIAN'S HAME (VPEOR	CONTRIBUTING CAUSE OF DEATH FEITHER NOTIFY MEDICAL EXAMINES) P.M. INJURY OCCURRED AT WORK NOT WHILE AT WORK It certify that (1) (this haspital) attended the deceased from above, (1) (we) (did) (find not) view the body after death. PHYSICIAN'S TAME (YPE OR PR.)	CONTRIBUTING CAUSE OF DEATH FEITHER NOTIFY MEDICAL EXAMINER) INJURY OCCURRED INJURY OCCURRED AT WORK AT WOR	CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR FEITHER NOTIFY MEDICAL EXAMINER) 19 21e PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, FARM, ETC.) 1 certify that (I) (this hospital) attended the deceased from 12 20 19 saw the deceased alive an 12 20 19 sobove, (I) (we) (did I (I id not) view the body after death. SIGNATURE DEGREE ATTENDING PHYSICIAN'S NAME (YPE ORPRIME) PHYSICIAN'S NAME (YPE ORPRIME) 27e. ADDRESS Cood J Saw	CONTRIBUTING CAUSE OF DEATH FEITHER NOTIFY MEDICAL EXAMINER) 7 Le PLACE OF INJURY AND AND WHILE AND WHILE AND

DHMH - 16 60M 7/8-(VRA 15, 4)

				112
ASITEP-		90.9	9 .77	Viegosia
		ti 3.e z		clas 7
	Leo anten			
			of northings, book is	
	The first of the test of the		.elle.	Unit Control
		etrella		
			N (- 11)	
		the to	45.3	
	4	4	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
hint ex	c 1(31		fit walky	
	No.		0	
			ANA ELEAS ASACEN	
				A MINISTERNATION

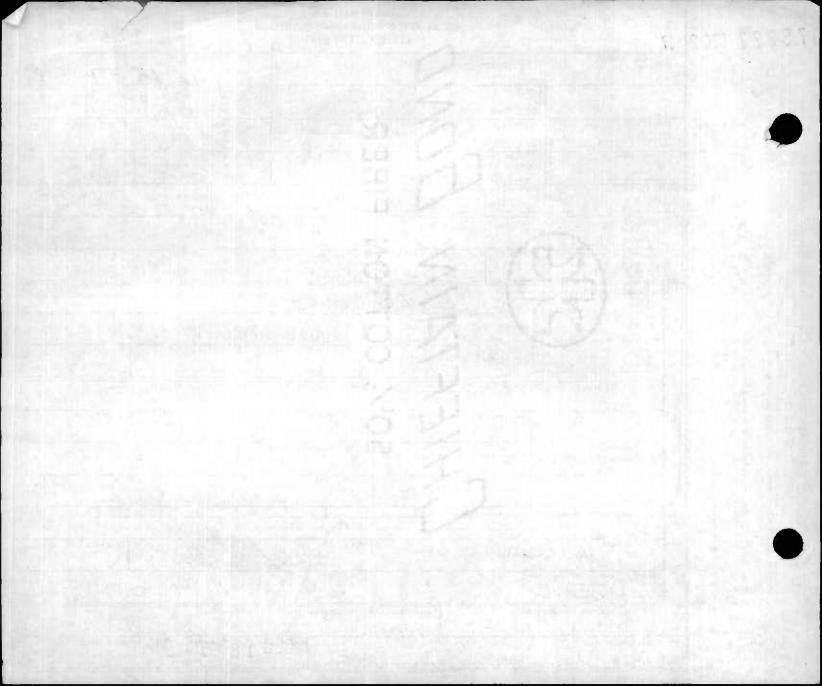
7	5	6 2	2	DF	0.2	ا ا	FOR STATE REGISTRAR			DEPARTA	AENT OF F	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE REG [®] 80	5 1	2 5
							CEASED NAME	FIRST		MIDDLE		AST	20. DATE OF DEATH MOI	NTH DAY	YEAR 26 HOUR
		pe	oge 3	E 00		[TYPE	OR PRINT)	WILLI.	AM		PRI	CE SR.	12	- 15-8	37 PM
		e 4 moy	ctor po	sorrer		3. SE	× MALE		4. RACE BLACK		5. DATE (OF BIRTH	6. AGE (IN YEARS LAST BIRTHDA	YRS	RIYEAR FUNDER 24 HRS
		An. Pag	0.0	7	17	-	RTHPLACE (STATE OR I		76 CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY OR C	OUNTY OF DE	ATH
		dea	8	1	1	_	TH CAROLI		USA	HOSBITAL AUTOSIA	WIDOWE	D DNORCED DNORCED DROTHER INSTITUTION	BALTIMORE		MD MD
10		s after	4	4	6		ALTIMORE	AIII	(IF NOT IN SUC	RTY MEDIC	ADDRESS)		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO RETIRED		KIND OF BUSINESS OR BUSTRY
ND 212		24 hour	filled m	100	200	3a. S	AL RESIDENCE (IF NURS	13b_COUL		GIVE RESIDENCE BEFORE	N	13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZI 4019 FAIRVI		1216
MARYLAND	1	42	Att	7	0	14. FA	THER'S NAME FIRST UNKNO		MIDDLE	LAST		15. MOTHER'S MAIDEN NA. FIRST IDA	MIDDLE	YLIE	LAST
IMORE,	1	9 90	0 0 0 0	E E	/	- 1	VAS DECEASED EVER YES NO OR UNKNOWN) JNKNOWN		MED FORCES? E WAR OR DATES)	166 SOCIAL SECU 213-10-		DEBORAH PRIC	ADDRESS E 4019 FAI	RVIEW A	VENUE
PRESTON ST., BALT	4	he deoth certificate b	ne attending physicia	mation, or removal			18 CAUSE OF DEAT PART I. DEATH W Conditions, if ony, gove rise to imm couse (o), stolin	AS CAUSE IMMEDIAT which nediate	DUE TO, O	Card R AS A CONSEQUE	NCE OF	re fleast	Failure	8	APPROXIMATE INTERVAL IFTWEEN ONSET AND DEATH
×		thot t	by th	ol, cre			underlying couse		DUE TO, O	R AS A CONSEQUE	NCE OF	my Artell	Desease		+ /12/03
IDS, 20		quires	signed	to burn		NO	PART 2 OTHER SIGN	VIFICANT C	ONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR CONDITI	on given in F	ART Ito
DIVISION OF VITAL RECORDS,		he low re	hos been	ene prior	2	CERTIFICATION	190 DATE OF OPERA	TIÓN	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED			FINDINGS USED CAUSES OF DEATH?
NOF VIT		SICIAN. T	certificate	ental Hyg	9	AL	210 ACCIDENT WAS UND OR CONTRIBUTING []	CAUSE OF DEA) P.	M. MONTH DA M.	Y YEAR		RED (ENTER NATURE OF INJURY IN	ITEM IB PART I OR	PARI 2)
IVISION		AG PHYS	iter this	h ond M	-	MEDIC	21d INJURY OCCUR	11(8 🗇	21e PLACE	OF INJURY REET, FACTORY, OFFICE FA	ARM, ETC)	211 LOCATION STREET	CITY OR TOWN	COC	UNTY STATE
Q		0 0	A	eoth			22a I certify that (1)	(this hospi	tal) attended th	e deceased from			, to	. 19	, that (we) lost

TO FUNERAL DIRECTOR. A should be detached for use with the State Dept of Health TO HOSPITAL OR ATTENDI IMPORTANT: If frem 21 is 226. SIGNATURE 221. DATE SIGNED DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN ATTENDING. BALTO MD 212 23d LOCATION
CITY OF TOWN
BALTIMORE, 23a. BURIAL, CREMATION, REMOVAL 236. DATE 23¢ NAME OF CEMETERY OR CREMATORY CREMATION MARYLAND STATE BP. 12-17-87 WESTVIEW CREMATORY 24 FUNERAL DIRECTOR P.O. BOX 4433 BROWN/THOMPSON FUNERAL HOME

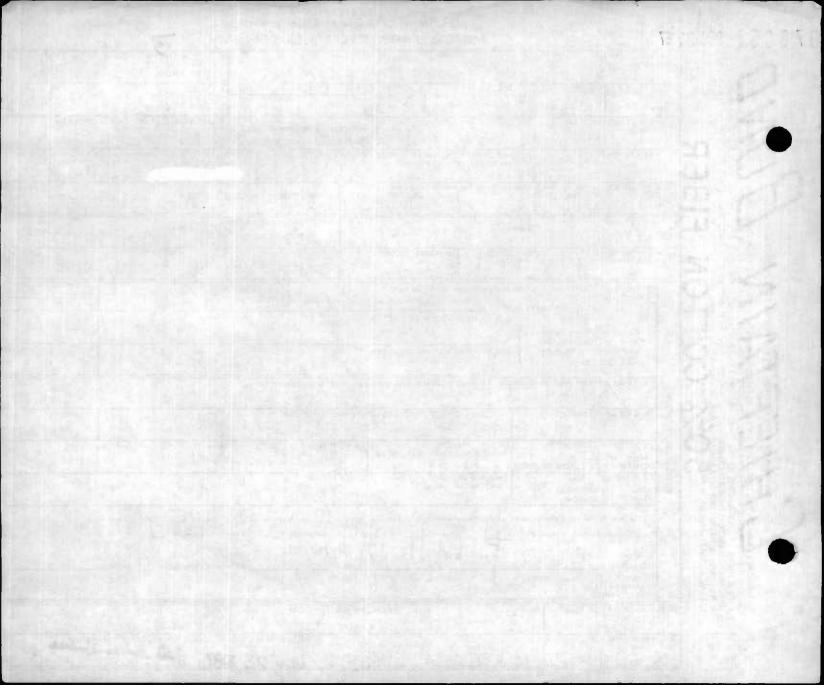
and that in (my) (our) apinion death occurred on the date and hour and from the causes stated

saw the deceased alive on _____ above, (I) (we) (did) (did not) view the body after death

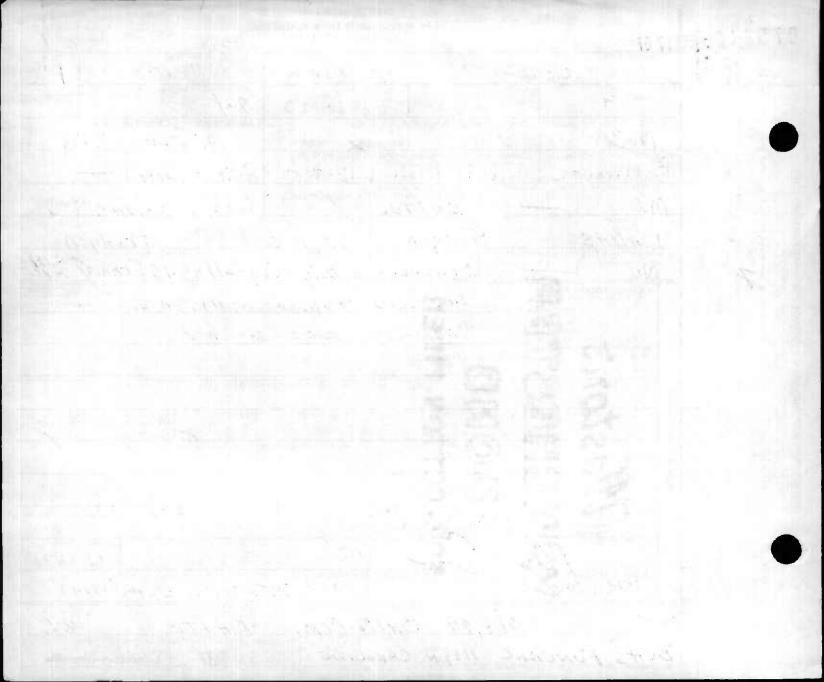
DHMH - 16 60M 7/84 (VRA 15, 4)



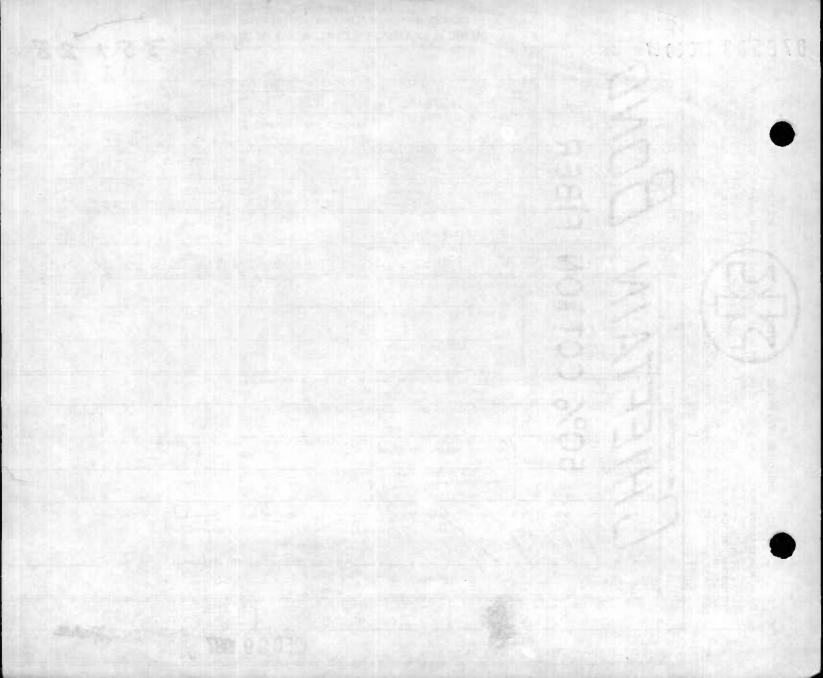
	L		em 18a,2	0,21	a,b,c,d	,e,f,2			88 dw ST.				111/00/1005/100					
60!	5 7 DEC 21		STATE REGISTRAR	5 p	er med	exam			RTMENT OF						DE NIC	7.49		
		1 DE	CEASED NAM	E	FIRST			MIDDLE			LAST		20	DATE K		MONTH	DAY - YE	ARO 26 HOUR
	ASE DR. ES. ET,	(,,,	CORPRINT		Cort	ez				P	ride				MATED [1819 8	
	STREET STREET	3. SE)	(4. RAC	Œ	S DATE O	DAY	YEA		YEARS IF U	NDER 1 YR.	IF UNDE		DATE	CED	MONTH		9:50 9:50
	ARY VOU TON TON	7- 8	nale	b]	lack	75 CIT171	10 EN OF WH	55		YRS.			, 0	DEAD	DE CITY O	12	18 19 8	
•	S NECESSARY, PLEASE FUNERAL DIRECTOR. E S FOR YOUR FILES. D. WITTHIN 72 HOURS. M. PRESTON STREET,	FC	DREIGN COUNTRY)	Mo		l	JSA			WIDO		DIVOR	CED C	Ва	ltimo	re Ci	ty	M
48	F ANY DELAY IS NEC AND 3 TO THE FUN RETAIN PAGE 5 F HOULD BENELD, WAREORDS, 20 W. F.		Baltim	ore		18	314 N	. Mo	NURSING HOA VE STREET ADDRESS DTITOE S	treet		MOIT		AL OCCUP.	ATION (TYPE	E OF WORK	Cityski	LISTRY
. 21201	RETAINS SECTION OF THE PROPERTY OF THE PROPERT	13a. S	TATE	d	136 COUNT	R OTHER INST	HTUTION, GR	13cB	NCE BEFORE ADMIS ITY OR TOWN a I TIMOY	e e	13d INSIDE	CITY LIMITS?	1814	N. MC	onroe S	treet	21223	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201	HI DC		Carl to		(de	MIDDLE		PR:	I DÉ		M	ary	EN NAME	ME	DDLE		Baske	rville
OWI	F-0880 /	16a. \	VAS DECEASE ES, NO OR UNKNO	D EVER	IN U.S. ARA			1	OCIAL SECUR		17 INFOR		5	F11	ADDRESS		0	
BALT	B. GIVE PA WITH FOR DIVISION								5-66-62	96	Lar	Iton	Pride	511	Norm	andy	Avenu	
ST.,	24 HOURS /		18 CAUSE C	F DEAT	TH (Enter onl VAS CAUSED	y one cous	se per line	for (o),	(b) ond (c).) Combined	Dana	Intovio	ration					BETWEEN	MATE INTERVAL DISET AND DEATH
NO	XECUTED WITHIN 24 HOL NG" IN PENCIL IN ITEM JI 2AL EXAMINER ALONG BURIAL - TRANST PERMI BURIAL - TRANST PERMI AND MENTAL HYGIENE VATION, OR REMOVAL.		1111	7	IMMEDIAT			AS A C	ONSEQUENCE		THEOXIC	2011011						
PRES	ER IN				ony, which	1												
3/	UTED WITH IN PENCIL EXAMINER SIAL - TRANS O MENTAL HON, OR REA) stoting	immediate g the <u>under-</u>	<	(b) E TO, OR	AS A C	ONSEQUENCI	E OF	10							
201	D A A A						(c)						BITT					
ORDS	SHOULD BE EXECUTED ORD "PENDING" IN PROCEED EXAM SEE DAS A BURIAL. TO PHEALTH AND MED SURIAL, CREMATION, C	z	PART 2 OTHER S	IGNIFICAN	T CONDITIONS (ONTRIBUTIN	G TO DEATH I	UT NOT I	RELATED TO THE TE	RMINAL DISEA	SE OR CONDITIO	ON GIVEN IN P	ART 1 tal.	-				
REC	MEAL CR	CERTIFICATION	19a DATE OF	OPERA	ATION	198	. CONDIT	ION FO	OR WHICH OPI	ERATION V	VAS PERFOR	RMED?					20 AUTO	PSY?
ITAL	SHOUL ORD "F CHIEF E USED T OF H	FF				0											YES E	
- O	R: THIS CERTIFICATE SH TIE, WRITING THE WORN REWARDED TO THE CH R: PAGE 3 SHOULD BE E. STATE DEPARTIVENT C D, 21201 PRIOR TO BUR	CER	21a EXTERNA				TIME OF		Y TH DAY YE	21c F	IOW INJURY	OCCURR	ED LENTER NA	TURE OF INJU	RY IN ITEM 18 P	PART I OR PAI		
NO	ARTA ARTA	S	UNDERLYING CONTRIBUTI			EATH	P.M	12	2-18 198	37	Subject	used	drugs					
IVIS	OER DED DED PR	MEDICAL	214 INJURY O				STREET, FACT	ORY, FAR	IRY (AT HOME, M, ETC.)	21f LC	STREET		100	CITY OR TOW	N	cou	JNTY	STATE
D	NER: THIS CERTICATE, WRITING FORWARDED FOR PAGE 3 SHITE STATE DEPARED AND, 21201, PRI		WHILE AT WORK	ATW	VORK	^	H	ome		18	314 N. N	1onroe	Street	Bal	timore,	, MD		
	SE S		22a. I cert	fy that	I took charge	e of the re	moins des	ribed o	bove, held on	Auto	1	Inspection	on L.	Inquiry	, on	d in my op	union	
	AAMI RTIFI BE CT RECT		deoth result	ed from	n: Notur	ol couses		Accide	nt [], (S	ouid de L	. AHomi		Undeter	mined mor	nner XI.			
	WAY.		ACTUAL SIGNATURE	11	Mar	\$	1-	W	all 1	AL	The second second	istan	t MEDIC	AL EXAMI	NED	DATE	12/	19/87
	SEAT SEAT SEAT SEAT SEAT SEAT SEAT SEAT	1		0				-	1-85	11			MEDIC	ALEXAMI	NEK			
	TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, V PAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: PATIER DEATH, WITH THE STIP. BATTIMORE, MARYLAND, 2		EXAMINER'S (TYPE OR PRI	NAME	Mari	oF.	Goll		Jr, M.D		_ADDRESS_		Penn			Balt	co.MD.	
	595549	23a. B	URIAL, CREMA				/07		C. NAME OF C				23d LOC	ATION	ا مام می	COUN	dTY.	Md
07/84 25M	вр932	24 F	Buri			12/23	18/		Cedar H	111 0	emete		REC'D. BY R		undel		IGNATURE	Mu
	DHMH - 17 (VR A15 ME (5))	Wm	NAME		F/H	Wast	ADDRESS F/H	Wes	st 430	O Wat	ash				dia 1	Jeri dass	Kendas	34



				STATE OF MARYLAND	Y	
3 1 3 ner	1.	FOR STATE STATE	DEPAR	CERTIFICATE OF DEATH	IENE	· 15 13 79
5313 DEC	17		1	CERTIFICATE OF DEATH	REG. NO.	3 % 6 1
oge 3 deoth		EASED NAME FIRST	N Y	PRIDGEM	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
4 may or. pog ofter de	3. SE		RACE B 1/	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	FUNDER LYEAR IF UNDER 24 H
oge oge	7. 01	71101 4 65	V	12/24/03	O Y YRS	TY OF DEATH
eoth. P	/a. Bi	THREACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUN	0 11
ofter d	10 5	y OR TOWN OF DEATH	IF NOT IN SUCH PACILITY, GIVE STAF	ING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (1979 OF WORK FOR MOST OF WORKING	
t hours	USU.	L RESIDENCE (IF NURSING HOME OR O	THER INSTITUTION GIVE RESIDENCE BEFO	PRE ADMISSION)	13e STREET ADDRESS / ZIP CO	11111
2 E		IN	13A L	TO, YES NO	1602 N. DA	MASSITI
d with	14. F.A	HER'S NAME	Pridae	15. MOTHER'S MAIDEN NA	WE WIDDLE	Pridgen
	lóa V	AS DECEASED EVER IN U.S. ARM		URITY NO. 17. INFORMANT	ADDRESS	# 210
2		S MOOR UNKNOWN) (IF YES GIVE V	216-16	1660 Emily W	igFA114545	Fenney AVE
1 187 5		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	one cause per line far (a), (b), c	and ic.1	/	BETWEEN ONSET AND DE
400		IMMEDIATE		NCCO RESPINA	tony 015 GATE	2-
deng orbo			DUE TO, OR AS A CONSEO	LIENCE OF	,	
the contract of the contract o		Conditions, if ony, which		ancin carpiac	CHICASE	100
2 2 2 2 2		gave rise to immediate cause (a), stating the	10)			
5 485 5		underlying cause last.	DUE TO, OR AS A CONSEO	UENCE OF		
plea plea plea con		PART 2 OTHER SIGNIFICANT CO	NOTIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OF CONDITION O	EN/ENLIN DART L
and of the control of	Z	TART 2 OTTER STORM TEAR TEE	CONTRIBUTION TO	DOLLAR BOLLO KEEKIED TO THE TEKN	THAT DISEASE OR CONDITION C	SIVE IN IN PART TIO
1 1 1 1	CERTIFICATION	90 DATE OF OPERATION	TION CONDITION FOR WHIC	H OPERATION WAS PERFORMED	20a AUTOPSY? 20b IF Y	YES, WERE FINDINGS USED
9 9 9 9 9	12	THE DATE OF OFERATION	THE CONDITION TOR WITH	TO ENATION WAS TEN ORMED	IN CER	TIFYING CAUSES OF DEATH?
48 418	E					YES NO
2 F 3 5 F 8	10.70 CN	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH		RED (ENTER NATURE OF INJURY IN ITEM T	B PART I ORPART 2)
20 1011	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19		
E 7 10 2 10	100	21d. INJURY OCCURRED	21e PLACE OF INJURY	21f LOCATION STREET	CITY OR FOWN	COUNTY STATE
中華 工事を	E	WHILE NOT WHILE AT WORK	(AT HOME STREET FACTORY, OFFICE	FARM ETC) SINEET	CITY OK TOWN	2001111
4 0 0 0		27a.1 certify that (1) (this haspita	Is assembled the decreased from	12/1 10 8	7 17/13	19 8 7 that (I) (we'
Z = 4 5 2 x		saw the deceased alive on_	2 / L	man)	death occurred on the date and h	
W.F. D		abave, (1) (we) (did) (did not)	view the body after death.		death occurred on the date and h	
ATTE CTO of of the		22b SIGNATURE	. //	DEGREE	,	220 DATE SIGNED
DR ATTE hersont ched for hept of h		/1/			MEDICAL STAFF	1
AL OR ATTE the hospith AL DIRECTO shocked for the Dept. of 7		110	Une Vans	ATTENDING PHYSICIAN F	DIRECTOR PHYSICIAN	11/13/27
FITAL OR ATTE by the hospith FRAL DIRECTO State Dept. of State Dept. of AMT. II here 21.		MALLEYSICIAN'S NAME (TYPE IN	Une Com	PHYSICIAN E	DIRECTOR PHYSICIAN	12/13/81
COSHTAL OR ATTERNAL OR ATTERNAL DIRECTO		100	Almo Carro	PHYSICIAN E	DIRECTOR PHYSICIAN	12/3/8/
O HOSHTAL OR ATTER retained by the hospital TO FUNERAL DIRECTO should be detoched for who first Director of A MADRIANT, it have 21		MULTYSICIAN'S NAME LIVE COM		22e ADDRESS 9/4/134U	TMAT BILL L'C	mo2/143
TO HOSHTAL OR ATTERNATIONS TO FUNERAL DIRECTO Module be detected for the blook of t	23a.1	100		PHYSICIAN E	TMAT AIRE LEC	
TO HOSHIAL OR ATTER returned by the hospital TO FUNERAL DIRECTO should be detected for with the Store Sept. of IMPORTANT it frem 21	73a 1	MULTYSICIAN'S NAME LIVE COM		22e ADDRESS 9/4/134U	TMAT BILL L'C	MO2/143



STATE OF MARYLAND



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	7-	REGISTRAR				CERTII	FICATE OF D	EATH §	3 7	REG. N		2 (122	
		CEASED NAME	FIRST		MIDDLE		LAST		20. DATE O	DEATH	HTHOM	DAY YEAR	2b. HOUR
1		F	KAISEF	IN	VICTORIA	A	PUGH				12	16 87	2:45A M
	3. SE)	FEMALE		4. RACE WHI	TE	5. DATE (H DAY	1905	6. AGE IIN	EARS LAST BIR	YRS	MONTHS DAYS	
3	(RTHPLACE ISTATE OR COUNTRY) VIRGINIA	FOREIGN		WHAT COUNTRY	8. MARRIE WIDOW	D NEVER M	AARRIED -		RECITY O		CTTY	MD.
7		BALTIMORE	3	11. NAME OF 1 (# NOT IN SUC 431	HOSPITAL, NURSII H FACILITY, GIVE STREET S. PAYSOT	NG HOME (TADDRESS)	OR OTHER INST	ITUTION	12a USUAL (TYPE OF WOR LABOF	OCCUPAT K FOR MOST C	ION	17b KIND	OF BUSINESS OR SEWING ORY
9)3a. S M	al residence (# nur state ARYLAND	13b COU		13c. CITY OR TOV	VN	134. INSIDE CI	NO 🗌			(SON_	STREET	21223
2		SIDNEY WAS DECEASED EVER	ANITE AD	B.	FLO			MAIDEN NAV	ME	C.	FCC		NKNOWN
		YES, NO OR UNKNOWN) NO		E WAR OR DATES)	225-03-			S R. S	STAPF 4				21223 DXIMATE INTERVAL N ONSET AND DEATH
	HON	cause (a), state underlying cause	NIFICANT	CONDITIONS CO	ual i	DEATH BUT	chon	CHF	lyp	ent	eusi	an, mi	ld anemia
1	CERTIFICATION	190 DATE OF OPERA	ATION *	196 COND	ITION FOR WHICH	H OPERATIO	N WAS PERFO	RMED '	YES [NO .	IN CERT	ES, WERE FIND TIFYING CAUSE YES []	
7		21g. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER NOTIFY MED	CAUSE OF DE	HOUR A.	PFINJURY M. MONTH D M.	AY YEAR		JURY OCCURE	RED (ENTERN	LTURE OF INJU	IRY IN ITEM TO	3 PART I OR PART 7)	
	MEDICAL	WHILE NOT WAT WORK	HILE [21e. PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE,	FARM, ETC)	211 LOCATION STREET)N		CITY OR TO	OWN	COUNTY	STATE
		220.1 certify that (1 saw the decea above, (1) (we)	sed alive ar	200	128/ 19	87.0	nd that in (my)	_, 19 26 (aur) apinian (death occurre	ed an the d	7	, 19 <u>87</u> our and fram th	e causes stated
		22b. SIGNATURE	le.	Day	wo	*		TTENDING PHYSICIAN	MEDICAL DIRECTOR	STA	FF CIAN [12 DAT	18 8) ·
		22d. PHYSICIAN'S N	IAME (TYPE	R PRINT)				Washi			d.		
		BURIAL, CREMATION (SPECIFY) BURIAL,	, REMOVAL	23b. DATE 12/18			RIDGE ME	W DK	FIRE	ORTOWN		COUNTY	STATE
		NAME	דע כוים	HOME: T	ADDRESS	1.7TT 12T	21229	D3D.	E REC'D, BY	987	254 PEGU	STRARES SIGN	ATURE

4107 WILKENS AVE

HUBBARD FUNERAL HOME, INC.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

should be defacting for use with the State Deal of Heal IMPORTANTS: It man 21 mm TO FUNERAL DIRECTOR TO HOSPITAL BP.

DHMH - 16 50M 1/B1 (VRA 15, 4)

A 18 3 63

6 DEC

STATE OF MARYLAND		ST	ATE	OF	MAR	YLAND
-------------------	--	----	-----	----	-----	-------

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO

-88	7 REGISTRAR					
	ECEASED NAME FIRST	MIDDLE	LAST	2a. DATE OF DE		3 1967 5
	Georgia		uphrey		Dec.	
3. 5		4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS	LAST BIRTHDAY)	MONTHS DAYS HOU
1	FEMALE	Concarion		5	72 YRS	
7a. E	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8	9 BALTIMORE	CITY OR COUNTY	OF DEATH
7	mD.	1514	MARRIED NEVER MARRI		timere	City
10.0	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING			TIPATION	12b, KIND OF BUS
7.4	Bultmare	(IF NOT IN SUCH FACILITY, GIVE STREET A	DDRESS)	(TYPE OF WORK FOR	MOST OF WORKING LE	FE) INDUSTRY
1	0	South Bultonus		Reti	.rea	S & H
130	STATE 136 COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE A		MITS? 1136 STREET ADD	RESS / ZIP CODE	
1	MD Carn	oll Mt. Air	YES NO		wind Red	
145	ATHER'S NAME		15. MOTHER'S MAIL	DEN NAME		7
01/	Crowde	Storm	Coertn		DDLE	LAST
160	WAS DECEASED EVER IN U.S. AR				ADDRESS	GULLK
1	(YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)				same as 7
	no	18-03-	6280 Georgia	inna w	chy bala	APPROXIMATE
		DUE TO, OR AS A CONSEQUEN	NCE OF			
	Canditions, if any, which gave rise to immediate cause (a), stating the		NCE OF Factore			
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUEN (b) Respectively DUE TO, OR AS A CONSEQUEN (c)	NCE OF FULLURE NCE OF			
7	Canditions, if any, which gave rise to immediate couse (a), stoting the underlying cause lost. PART 2. OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUEN (b) Particular DUE TO, OR AS A CONSEQUEN (c) ONDITIONS CONTRIBUTING TO D	NCE OF FAMILY R NCE OF EATH BUT NOT RELATED TO THE		R CONDITION GIV	/EN IN PART 110
NOI	Canditions, if any, which gave rise to immediate couse (a), stoting the underlying cause lost. PART 2. OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUEN (b) Respectively DUE TO, OR AS A CONSEQUEN (c)	NCE OF FAMILY R NCE OF EATH BUT NOT RELATED TO THE		R CONDITION GIV	/EN IN PART I to
CATION	Canditions, if any, which gave rise to immediate couse (a), stoting the underlying cause lost. PART 2. OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUEN (b) Particular DUE TO, OR AS A CONSEQUEN (c) ONDITIONS CONTRIBUTING TO D	NCE OF FULLY CE OF RELATED TO THE STRUCK OF ST	HE TERMINAL DISEASE OF	? 20b. IF YES	S, WERE FINDINGS I
TIFICATION	Canditions, if any, which gave rise to immediate couse 101, stoting the underlying cause lost. PART 2. OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUEN (b) Respectato DUE TO, OR AS A CONSEQUEN (c) ONDITIONS CONTRIBUTING TO D A respectation and	NCE OF FULLY CE OF RELATED TO THE STRUCK OF ST	HE TERMINAL DISEASE OF	? 20b. IF YES	S, WERE FINDINGS L FYING CAUSES OF D
CERTIFICATION	Canditions, if any, which gave rise to immediate couse 101, stoting the underlying cause lost. PART 2. OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUEN (b) Respectively DUE TO, OR AS A CONSEQUEN (c) ONDITIONS CONTRIBUTING TO D 19b. CONDITION FOR WHICH C	NCE OF NCE OF EATH BUT NOT RELATED TO THE CONTROL OF THE CONTROL	HE TERMINAL DISEASE OF 200 AUTOPS YES \(\) NO	20b. IF YES	S, WERE FINDINGS I FYING CAUSES OF D
AL CERTIFICATION	Canditions, if any, which gave rise to immediate couse 101, stoting the underlying cause lost. PART 2. OTHER SIGNIFICANT Constitution of the country of the	DUE TO, OR AS A CONSEQUEN (b) Partial DUE TO, OR AS A CONSEQUEN (c) ONDITIONS CONTRIBUTING TO D 19b. CONDITION FOR WHICH C 21b. TIME OF INJURY HOUR A.M. MONTH DAY	NCE OF NCE OF EATH BUT NOT RELATED TO THE COMMENT OF THE COMMENT	HE TERMINAL DISEASE OF	20b. IF YES	S, WERE FINDINGS I FYING CAUSES OF D
Α	Canditions, if any, which gave rise to immediate couse (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT Color of the course of the course of the course of the contribution of contributing and cause of the contributing are contributing and contributing are contributing and cause of the contributing are contributing and cause of the contributing are contributing and cause of the contributions.	DUE TO, OR AS A CONSEQUEN (b) Provided DUE TO, OR AS A CONSEQUEN (c) ONDITIONS CONTRIBUTING TO D 19b. CONDITION FOR WHICH C 19b. CONDITION FOR WHICH C 11b. TIME OF INJURY HOUR A.M. MONTH DA' P.M.	NCE OF NCE OF REATH BUT NOT RELATED TO THE STRUCK OF S	HE TERMINAL DISEASE OF 200 AUTOPS YES \(\) NO	20b. IF YES	S, WERE FINDINGS I FYING CAUSES OF D
MEDICAL CERTIFICATION	Canditions, if any, which gave rise to immediate couse (a), stoting the underlying cause lost. PART 2. OTHER SIGNIFICANT Color of the course of the course of the course of the contribution of contributing cause of the contributing cause of the contributing cause of the contribution of contributing cause of the contribution	DUE TO, OR AS A CONSEQUEN (b) Partial DUE TO, OR AS A CONSEQUEN (c) ONDITIONS CONTRIBUTING TO D 19b. CONDITION FOR WHICH C 21b. TIME OF INJURY HOUR A.M. MONTH DAY	NCE OF FULL OR NCE OF EATH BUT NOT RELATED TO THE FULL OF FULL OR FORMED DPERATION WAS PERFORMED Y YEAR 19 216 HOW INJURY 19	TETERMINAL DISEASE OF 200 AUTOPS YES NO OCCURRED (ENTER NATURE	20b. IF YES	S, WERE FINDINGS I FYING CAUSES OF D
Α	Canditions, if any, which gave rise to immediate couse (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT Color of the course of the course of the course of the contribution of contributing and cause of the contributing are contributing and contributing are contributing and cause of the contributing are contributing and cause of the contributing are contributing and cause of the contributions.	DUE TO, OR AS A CONSEQUEN (b) Respectation DUE TO, OR AS A CONSEQUEN (c) ONDITIONS CONTRIBUTING TO DI 19b. CONDITION FOR WHICH CO 19b. TIME OF INJURY HOUR A.M. MONTH DAY P.M. 21e. PLACE OF INJURY	NCE OF NCE OF EATH BUT NOT RELATED TO THE CONTROL OF THE CONTROL	HE TERMINAL DISEASE OF 200 AUTOPS YES NO OCCURRED (ENTER NATURE	206. IF YE. IN CERTIF YE OF INJURY IN ITEM 18 6 IY OR TOWN	S, WERE FINDINGS I EYING CAUSES OF E IS NO PART I OR PART 2)
Α	Canditions, if any, which gave rise to immediate couse 101, stoting the underlying cause lost. PART 2. OTHER SIGNIFICANT Concept of the country of the coun	DUE TO, OR AS A CONSEQUEN (b) DUE TO, OR AS A CONSEQUEN (c) ONDITIONS CONTRIBUTING TO D. 19b. CONDITION FOR WHICH CO. 11b. TIME OF INJURY HOUR A.M. MONTH DA' P.M. 21b. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FAI	NCE OF NCE OF EATH BUT NOT RELATED TO THE CONTROL OF THE CONTROL	TETERMINAL DISEASE OF 200 AUTOPS YES NO OCCURRED (ENTER NATURE	206. IF YE. IN CERTIF YE OF INJURY IN ITEM 18 6 IY OR TOWN	S, WERE FINDINGS I EYING CAUSES OF D S NO PART I OR PART 2)
Α	Canditions, if any, which gave rise to immediate couse (a), stoting the underlying cause lost. PART 2. OTHER SIGNIFICANT Canal Cana	DUE TO, OR AS A CONSEQUEN (b) Production DUE TO, OR AS A CONSEQUEN (c) ONDITIONS CONTRIBUTING TO D 19b. CONDITION FOR WHICH C 21b. TIME OF INJURY HOUR A.M. MONTH DA' P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FAI all ottended the deceased from 19 8	NCE OF NCE OF	HE TERMINAL DISEASE OF 200 AUTOPS YES NO OCCURRED (ENTER NATURE	206. IF YE IN CERTIF YE OF INJURY IN ITEM IB I	S, WERE FINDINGS I EYING CAUSES OF E S NO PART I OR PART 2)
Α	Canditions, if any, which gave rise to immediate couse 101, stoting the underlying cause lost. PART 2. OTHER SIGNIFICANT Concept of the country of the coun	DUE TO, OR AS A CONSEQUEN (b) Production DUE TO, OR AS A CONSEQUEN (c) ONDITIONS CONTRIBUTING TO D 19b. CONDITION FOR WHICH C 21b. TIME OF INJURY HOUR A.M. MONTH DA' P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FAI all ottended the deceased from 19 8	NCE OF NCE OF	200 AUTOPSY YES NO OCCURRED (ENTER NATURE	206. IF YE IN CERTIF YE OF INJURY IN ITEM IB I	COUNTY LI and from the cause
Α	Canditions, if any, which gave rise to immediate cause (a), stoting the underlying cause lost. PART 2. OTHER SIGNIFICANT CONTROL OF CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER AT WORK NOT WHILE AT WORK AT WORK AT WORK 220. I certify that (I) (this hospit sow the deceased alive an above, (II) (we) (did) (did not 22b. SIGNATURE	DUE TO, OR AS A CONSEQUEN (b) Production DUE TO, OR AS A CONSEQUEN (c) ONDITIONS CONTRIBUTING TO D 19b. CONDITION FOR WHICH C 21b. TIME OF INJURY HOUR A.M. MONTH DA' P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FAI all ottended the deceased from 19 8	NCE OF NCE OF	DING MEDICAL	206. IF YE. IN CERTIF YE OF INJURY IN ITEM 18 6 IT OR TOWN 1 the date and hou	COUNTY 19 . that is and from the cause 22c DATE SIGN
Α	Canditions, if any, which gave rise to immediate couse (a), stoting the underlying cause lost. PART 2. OTHER SIGNIFICANT Constitution of the country of the	DUE TO, OR AS A CONSEQUEN (b) Production DUE TO, OR AS A CONSEQUEN (c) ONDITIONS CONTRIBUTING TO D 19b. CONDITION FOR WHICH C 21b. TIME OF INJURY HOUR A.M. MONTH DA' P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FAI (all ottended the deceased from 19 8) (a) view the body ofter death.	NCE OF NCE OF	DING MEDICAL CIAN DIRECTOR OF	206. IF YE. IN CERTIF YE OF INJURY IN ITEM 18 F	COUNTY 19 that i and from the cause
Α	Canditions, if any, which gave rise to immediate couse 101, storing the underlying cause lost. PART 2. OTHER SIGNIFICANT CONTROLLING COURT OF OPERATION 21a. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED AT WORK AND CONTROLLING C	DUE TO, OR AS A CONSEQUEN (b) DUE TO, OR AS A CONSEQUEN (c) ONDITIONS CONTRIBUTING TO D 19b. CONDITION FOR WHICH CO 19b. CONDITION FOR WHICH CO 21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M. 21c. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FACTORY) 101 offended the deceased from 12/3 11 view the body offer death.	PEATH BUT NOT RELATED TO TO PEATH BUT NOT RELATED TO TO PERATION WAS PERFORMED Y YEAR 19 21c HOW INJURY Y YEAR 19 21f LOCATION STREET DEGREE ATTEN PHYSI 22e ADDRESS &	DING MEDICAL CIAN DIRECTOR DING TO THE COLUMN COLUM	206. IF YE. IN CERTIF YE OF INJURY IN ITEM 18 F IT OR TOWN STAFF PHYSICIAN A THE COMM THE COM	COUNTY COUNTY 19 . that is and from the cause 122. DATE SIGN
MEDICAL	Canditions, if any, which gave rise to immediate couse 101, storing the underlying cause lost. PART 2. OTHER SIGNIFICANT CONTROLLING COUSE 1090. 210. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEA (FETHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED AT WORK AT W	DUE TO, OR AS A CONSEQUEN (b) DUE TO, OR AS A CONSEQUEN (c) ONDITIONS CONTRIBUTING TO D 19b. CONDITION FOR WHICH CO 19b. CONDITION FOR WHICH CO 21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M. 21c. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FACTORY) 101 offended the deceased from 12/3 19 0	PACE OF FOLLOW NOT RELATED TO THE PROPERTY OF	DING MEDICAL CIAN FOLLOws for four for for four for four for four for four for four for for for for for for for for for fo	206. IF YE. IN CERTIF YE OF INJURY IN ITEM IB F ITY OR TOWN STAFF PHYSICIAN Frankfund	COUNTY COUNTY 19 . that is and from the cause 122. DATE SIGN
MEDICAL	Canditions, if any, which gave rise to immediate couse 101, storing the underlying cause lost. PART 2. OTHER SIGNIFICANT CONTROLLING COURT OF OPERATION 21a. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED AT WORK AND CONTROLLING C	DUE TO, OR AS A CONSEQUEN (b) PROVIDED TO TO THE PRINTING TO DE TO THE PLACE OF INJURY (a) 19b. CONDITION FOR WHICH OF THE PLACE OF INJURY (a) 21b PLACE OF INJURY (a) 10 oftended the deceased from 19 01 view the body ofter death.	PEATH BUT NOT RELATED TO TO PEATH BUT NOT RELATED TO TO PERATION WAS PERFORMED Y YEAR 19 21c HOW INJURY Y YEAR 19 21f LOCATION STREET DEGREE ATTEN PHYSI 22e ADDRESS &	DING MEDICAL CIAN DIRECTOR 1234 LOCATION 123	206. IF YES IN CERTIFY YES OF INJURY IN ITEM 18 IS IT OR TOWN STAFF PHYSICIAN A PHYSICIAN	COUNTY COUNTY 19 DT . that is and from the cause 222 DATE SIGN 12 3 4

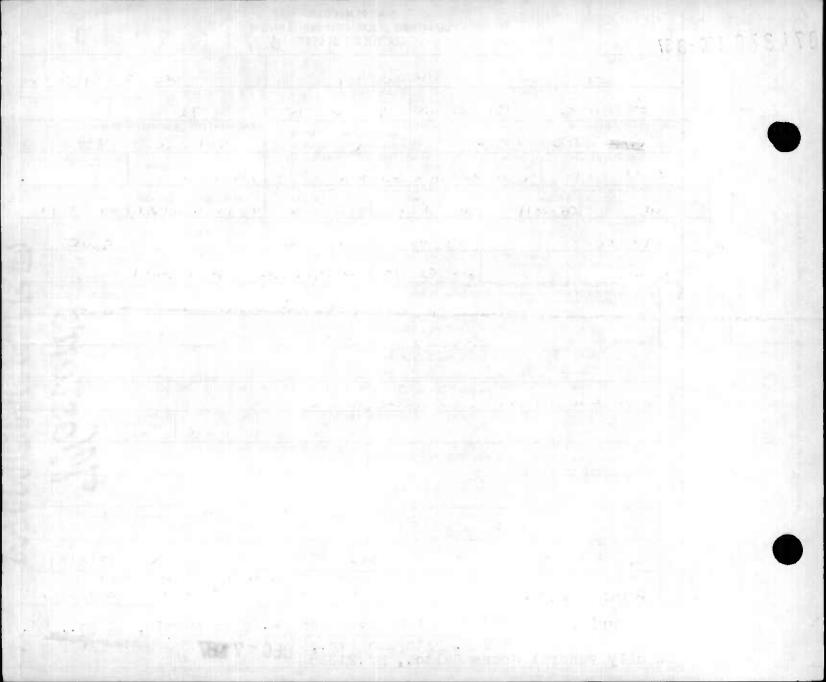
DHMH - 16 60M 7/84

BP.

(VRA 15, 4)

FOR

Funeral Homes Balto., Md.21225 McGntth



тау ре

69

letely filled in by the funeral director, page 3 a 2 should be filed within 72 haurs after death

FOR	DEPARTMENT OF HEALTH A
STATE	
DECISTOAD	CERTIFICATE (

STATE OF MARYLAND ND MENTAL HYGIENE

7	100
1.3	m?
REG NO	

3

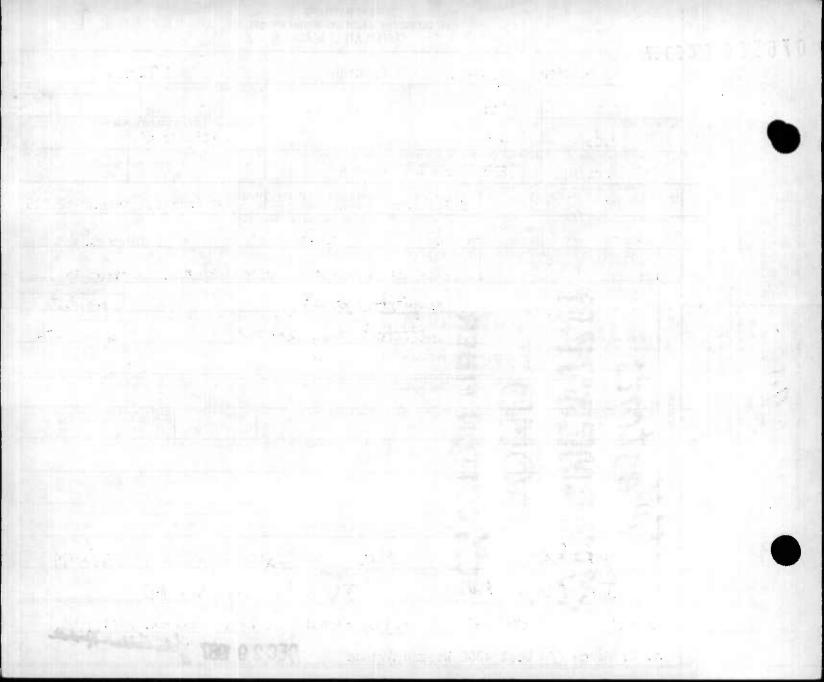
20	REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	10.						
	GEASED NAME FIRST	WIDDLE	L	AST	20. DATE OF DEATH	MONTH DAY	YEAR	2h HOUR				
(TTPE	Rushion	Daniel	Pu	rdie		12/22/8	37	4344				
3. SE)	X	4. RACE	5. DATE C		6 AGE (IN YEARS LAST BI		INDER I YEAR	IF UNDER 24				
	male	black	7	26 21 YEAR	66	YRS.	THS DAYS	HOURS /				
	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	ITRY? 8	D X NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF		-				
	N.C.	USA	WIDOWE		Baltimo	ore city	1					
	Baltimore	11. NAME OF HOSPITAL, N. (IF NOT IN SUCH FACILITY, GIVE			12a USUAL OCCUPAT (TYPE OF WORK FOR MOST)		126 KIND O INDUSTRY	F BUSINESS				
USU/ 13a S	AL RESIDENCE (IF NURSING HOME OR STATE Md 136 COUN	ITY ITY OR		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS 3702 Gay	ZIP CODE	venue	212				
14 FA	ATHER'S NAME	MIDDLE LAS		15. MOTHER'S MAIDEN NA	ME		LAS					
	James	Purdie		Irene	MIDDLE	Her	iderso					
	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL	SECURITY NO.	17 INFORMANT	ADDR		1001.30					
	YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES) 240-1	4-9180	Mildred Pur	die 3702	W Garr	ison	Avo				
	18 CAUSE OF DEATH (Enter on					***	APPROXI	MATE INTERVA				
	PART I. DEATH WAS CAUSE	D RV.		Kassas			4	1				
	IMMEDIA	E CAUSE (o)	espirate	ty arrest			1 mm	eryste				
	The second of	DUE TO OR AS A CONU	SECTION CE OF	1.								
	DUE TO, OR AS A CONSEQUENCE OF											
	Conditions, if ony, which (16) relations lung concer several months											
gove rise to immediate cause (a), stating the DUETO, OR AS A CONSEQUENCE OF												
	underlying cause last.	DUE TO, OR AS A CONS	SEQUENCE OF	V		_ /// =						
		(c)										
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	G TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COM	DITION GIVEN	IN PART 11	0				
CERTIFICATION	and the second											
Ē	190 DATE OF OPERATION	196, CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? 206. IF YES, WERE FINDINGS USED							
2	198 DATE OF OPERATION	148. CONDITION FOR W	THICH OPERATIO	IN WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH							
E	ALC: THE RESERVE	300			YES NO YES N							
EK I	210 ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		21c HOW INJURY OCCUR	PED (SAUTER NIATURE OF INCH	IDV INLITE A 10 DADT	1 (00 0401 2)					
	OR CONTRIBUTING CAUSE OF DE	LUCUS A M MONITI	H DAY YEAR	I SOUTH OCCOR	TELEVISION OF THE	United States	. Jan . Ami z/					
A	LIF EITHER NOTIFY MEDICAL EXAMINES		19									
MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY	- '/	211 LOCATION								
N. A.	C. Park II. Section 1995	(AT HOME, STREET, FACTORY O	OFFICE, FARM ETC)	STREET	CITY OR TO	OWN	COUNTY	STA				
1	AT WORK AT WORK											
		tal) attended the deceased (from	10	to	10		that its fee				
	220.1 certify that (1) (this hospital) attended the deceased fram											
	saw the deceased alive an above, (1) (we) (did) (did no	t) view the body after death.	_19, or	nd that in (my) (our) opinion	geath accurred on the c	ore and hour or	ng from the	couses state				
	22b. SIGNATURE	7 .		DEGREE			17L DATE	SIGNED				
	PARE SIGNATURE STAFF DEGREE											
	Julia CR	lun	F 1.1	S PHYSICIAN		CIAN	12/2	3/19				
1	22d. PHYSIQIAN'S NAME (TYPE C	OR PRINT)		22e ADDRESS	11			1				
	TI FR	lun M.O.		71 11 1	11 01.	64.0						
	Julia E D	IUN 11.03		John Hopkins	MOSP , 0017	- 111						
23a E	BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF C	EMETERY OR CREMATORY	234 LOCATION							
1	Burial				CITY OF TOWN	in 14	OUNTY	M J STA				
		12/28/87	Garriso	on Forest Vet.		ings. M	IIIŞ,	Md.				
24. FI	UNERAL DIRECTOR				E REC'D. BY REGISTRA	RECISTRA	RIS SIGNA	MARKET				
1.1.	m C Manah E /II	West 4300 Wa	RESS	nec Inec	2 0 1007	المعالم المعالم						
M	m. C. March F/H	west 4300 Wa	bash Ave	nue Igev	4 3 1301 6	/						

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and conshould be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

retained by the haspital or attending physician.

BP.



y filled in by the funeral director, page 3 should be filed within 72 hours after death

n 24 hours ofter

	û	STATE OF MARY
FOR		DEPARTMENT OF HEALTH AND
CTATE		

LAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE the state of

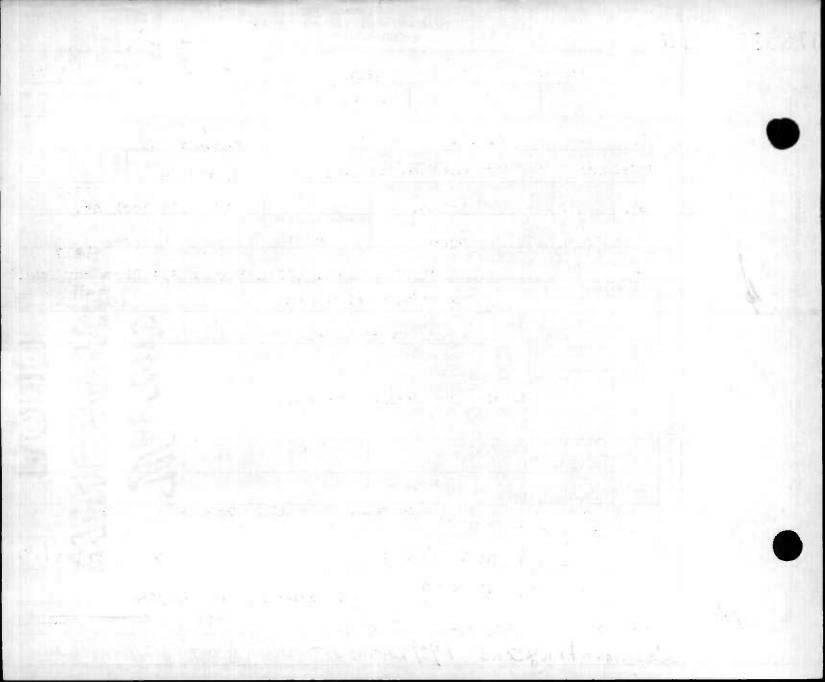
	REGISTRAR				CEKITE	ICATE OF DEATH		REG.IN			-
	ECEASED NAME PE OR PRINT)	Thomas	A	WIDDLE		AST	0	December	MONJ	987	8:50
3. SE	M		RACE B	V	5 DATE C		27	6. AGE TIN YEARS LAST BIR	THDAY)	IF UNDER TYEAR	IF UNDER 2.
	BIRTHPLACE (STATE O		U.S	WHAT COUNTRY?	WIDOWE			Baltimore city of Baltimore			
7 10 C	Baltimor			HOSPITAL, NURSING HEACHLITY, GNE STREET GEN		OR OTHER INSTITUTION Hospital		120 USUAL OCCUPAT (TYPE OF WORK FOR MOST C Chauffe	OF WORKING LI		OF BUSINES
130	STATE Md.	13b COUNTY		Balto.		13d INSIDE CITY LIM YES 🔀 NO [13e.STREET ADDRESS 821 Wh		_	217
9	ATHÉR'S NAME FIRST Andr		K. 12	Queen		IS MOTHER'S MAID FIRST F.F.F.		MIDDIE ADDR		Queen	
	WAS DECEASED EVE [YES, NO OR UNKNOWN]	R IN U.S. ARME (IF YES, GIVE W		219 01		Mrs. E	ditl	1 Turner		21 <u>Chaunc</u>	217 ONSET AND D
	underlying cau	ting the see last.	DUE TO, OI	R AS A CONSEQUE	ENCE OF						
CATION	underlying cau	GNIFICANT CO	NDITIONS CO Clost	ontributing to i	DEATH BUT	NOT RELATED TO TH Ie Enterit IN WAS PERFORMED		NAL DISEASE OR CON	20b. IF YE	S, WERE FINDI	NGS USED
L CERTIFICATION	PART 2 OTHER SIGNAL PART 2 OTHER SIGNAL PART 2 OTHER SIGNAL PART OF OPER 210, ACCIDENT WAS U	GNIFICANT COL	NDITIONS CO Closts 19b. COND	ONTRIBUTING TO I TI ON FOR WHICH	DEATH BUT .ffici	le Enterit	is		20b. IF YE	S, WERE FINDII FYING CAUSES ES [NGS USED
MEDICAL CENTIFICATION	PART 2 OTHER SIGNATE OF OPER 21a, ACCIDENT WAS UNDER CONTRIBUTING CIFEITHER, NOTIFY ME 21d, INJURY OCCU	GNIFICANT COL	NDITIONS CC Closti 19b. COND 21b. TIME O HOUR A. P.	ONTRIBUTING TO I TI DI	DEATH BUT FFICI OPERATIO AY YEAR 19	le Enterit	is	200 AUTOPSY?	20b. IF YE IN CERTIL YE	S, WERE FINDII FYING CAUSES ES [NGS USED S OF DEATH
	PART 2 OTHER SIGN PART 2 OTHER 2	GNIFICANT COL	NOTITIONS CO CLOST: 19b. COND 21b. TIME O HOUR A. P. 21e PLACE: (AT HOME STE	ONTRIBUTING TO I PI I I I I I I I I I I I I I I I I I	DEATH BUT ffici OPERATIO AY YEAR 19 FARM EIC) Decem 77	211 LOCATION SIREET Der 15 , 19 and that in (36) (our) o	is OCCURRI	200 AUTOPSY? YES NO DE LENTER NATURE OF INJU	20b. IF YE IN CERTIII YE JEY IN ITEM 18	S, WERE FINDING CAUSES S PART 1 OR PART 2) COUNTY 19 87 up and from the	NGS USED 5 OF DEATH NO that (IX(w
	PART 2 OTHER SIGN DATE OF OPER 21a. ACCIDENT WAS U OR CONTRIBUTING (IF EITHER, NOTIFY ME AT WORK 27a I certify that saw the dece abave, (1) (MA) 22b. SIGNATURE	GNIFICANT COL	NOITIONS CO CLOST: 19b. COND 21b. TIME O HOUR A. P. 21e PLACE (AT HOME, STE VIEW The body	ONTRIBUTING TO I PI I I I I I I I I I I I I I I I I I	DEATH BUT ffici OPERATIO AY YEAR 19 FARM EIC) Decem 77	le Enterit IN WAS PERFORMED 216 HOW INJURY C	21S OCCURRI	200 AUTOPSY? YES NO PROPERTY NATURE OF INJUSTION TO DECEMBE	206 IF YE IN CERTIII YE IN CERTIII YE IN ITEM IS IN ITE	S, WERE FINDING CAUSES S PART 1 OR PART 2) COUNTY 19 87 up and from the	NGS USED S OF DEATH
MEDICAL	PART 2 OTHER SIGNATURE 218. ACCIDENT WAS USED OR CONTRIBUTING COUNTRIBUTING COUNTRIBU	GNIFICANT COL	NOITIONS CC CLOSE: 19b. COND 21b. TIME O HOUR A. P. 21e PLACE (AT HOME STR DECEMBER DE	ONTRIBUTING TO I PID TID TO FOR WHICH OF INJURY M. MONTH D. M. OF INJURY REEL FACTORY, OFFICE F Cher 15 19 8 after death.	DEATH BUT ffici OPERATIO AY YEAR 19 FARM EIC) Decem 77	211 LOCATION SIREET Der 15 , 19 and that in (96) (our) o DEGREE ATTEND PHYSIC 22e ADDRESS	87 Population d	206 AUTOPSY? YES NOW ED (ENTER NATURE OF INJUIT CITY OR TO MEDICAL STA DIRECTOR PHYSIC General H 1234 LOCATION	206 IF YE IN CERTIN YE IN CERTIN YE IN ITEM 18 IS TO THE ALL T	S, WERE FINDING CAUSES ES PART 1 OR PART 2) COUNTY 19 87 19 120. DATE	NGS USED NG OF DEATH NO THE STATE OF THE STA
WEDICAL WEDICAL	Underlying COU PART 2 OTHER SIGN 19a DATE OF OPER 21a. ACCIDENT WAS U OR CONTRIBUTING (IF EITHER NOTIFY ME 21d INJURY OCCU WHILE AT WORK 22a I certify that 4 saw the decectory. (I) (WE 22b. SIGNATURE	GNIFICANT COL	NOITIONS CC CLOSED 19b. COND 21b. TIME O HOUR A. P. 21e PLACE (AT HOME STE VIEW the body	ONTRIBUTING TO I PID TID TO FOR WHICH OF INJURY M. MONTH D. M. OF INJURY REEL FACTORY, OFFICE F Cher 15 19 8 after death.	DEATH BUT ffici OPERATIO AY YEAR 19 FARM. EIC) Decem 77	le Enterit IN WAS PERFORMED 21c HOW INJURY C 21l LOCATION STREET Der 15 , 19 nd that in (26) (our) o DEGREE ATTEND PHYSIC 22e ADDRESS C/O Mary EMETERY OR CREMA	87 appinion d CIAN	YES NOW YES NOW CITY OR TO CITY OR TO MEDICAL STA DIRECTOR PHYSIO	206 IF YE IN CERTIL YE IN CERTIL YE IN ITEM 18 I	S, WERE FINDING CAUSES S PART 1 OR PART 7) COUNTY 19 87 20 and from the	NGS USED S OF DEATI NO that (UX(w

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the should be detached for use as the buriol-training permit. Their please remove

TO HOSPITAL OR ATTENDING PHYSICIAN The retained by the hospital or attending physician

should be detached for use as the bursal-training permit. Them puts the State Dept of Health and Mental Hypere presents to burs IMPORTANT: If them 21 is marked or frem 18 shows any



STATE OF MARYLAND

RTIFICATE OF DEATH 8 7	OF HEALTH	AND MENTAL	HYGIEN	1E
THE STATE OF THE S	RTIFICATE	OF DEATH	8	7

076	3251	DEC	0 9	7 OR			DEPARTM		E OF MARYLAND IEALTH AND MENTAL HYG	IENE		200 200		
016	2231	UL U	O L	STATE REGISTRAR					ICATE OF DEATH	7 REGINO	5	3 3		
				CEASED NAME	FIRST		MIDDLE		AST	10.01.12.01.021.11.1	MONTH DAY		26 HOUR	
	oy be loge 3 death		1.165	F	IARRY	GE(ORGE	Q1	UICK	December 14	1987		4:16P M	
	8 4		3. SEX	(2-5-	4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIRT		UNDER I YEAR	IF UNDER 24 HRS	
	ge 4 ector			Male		White		Febr	uary 11, 1922	65	YRS			
	eath. Po nerol di n 72 hou	4535	7a. B1	RTHPLACE (STATEORS COUNTRY) Maryland	OREIGN	76. CITIZEN OF WHAT COUNTRY? U.S.A.		MARRIE WIDOWE	DE NEVER MARRIED DIVORCED	9. BALTIMORE CITY OR COUNTY OF DEATH				
6	by the fu	2		CITY OR TOWN OF DEATH		11. NAME OF HOSPITAL, NURSING HO (IF NOT IN SUCH FACILITY, GIVE STREET ADDRE Sinai Hospital		G HOME (DR OTHER INSTITUTION	120 USUAL OCCUPATION ITYPE OF WORK FOR MOST OF Supervisor	ON WORKING LIFE)	126. KIND OF INDUSTRY Mach	BUSINESS OR	
MARYLAND 2120	filled in ould be f	must be	13a. S	AL RESIDENCE (IF NURS TATE TYland	13b, COUN		GIVE RESIDENCE BEFORE 134. CITY OR TOWN Baltimon	ADMISSION)	134. INSIDE CITY LIMITS?	13e.STREET ADDRESS / 6221 Wood	ZIP CODE crest A	venue	21 20 9	
MARYLA	mpletely and 2 sh	Sommer Services	14. F.A	THER'S NAME FIRST Harry		MIDDLE	Quick		15. MOTHER'S MAIDEN NA/ FIRST Madeline	ME MIDDLE	V	an-Ros		
BALTIMORE,	sicion and co	medical		VAS DECEASED EVER VES, NO OR UNKNOWN) Yes	(IF YES, GIV	MED FORCES?	215-16-03		Mary N. Quick	ADDRE		ve. 21	209	
ST., BALT	Thiscore to physicio	ewent, the		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c),) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) IMMEDIATE CAUSE (b)									APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
W. PRESTON 9	deoth ce	otion, or retroumatic		Conditions, if ony, which (b)									syn	
	that the	ol, cremo		gove rise to immediate cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF (c)								1091		
RDS, 20	e c ⊢	injury, o	NOI	PART 2 OTHER SIGN	Cres	CONDITIONS C	ONTRIBUTING TO E	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIVEN	IN PART 10		
AL RECO	3 0 8	Hygiene prior	CERTIFICATION	190. DATE OF OPERA	TION	19b. COND	PITION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NO		VERE FINDING NG CAUSES (
OF VITA	₹ 4 4 5	0 F /		21a. ACCIDENT WAS UNE OR CONTRIBUTING (FEITHER NOTIFY MEDI	CAUSE OF DEA	HOUR A	OF INJURY ,M, MONTH DA .M.	Y YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART	T OR PART 2)	Lawri	
DIVISION OF VITAL RECORDS, 201	G PHYS offending ler this c	morked or Iter	MEDICAL	21d. INJURY OCCUR	HILE 🗀		OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC)	211. LOCATION STREET	CITY OR TOV	VN	COUNTY	STATE	
۵	TTENDIN pital or TOR: Afr	of Health	P	220-1 certify that (1) (this hospital) attended the deceased from 19 19 1, to 19 19 1, to 19 19 1, that (II (we) lost sow the deceased alive an 19 19 1, and that in (my (our) apinion death occurred on the date and hour and Iram the causes stated obove, (I) (we) (did) (did not view the body after death.										
	AL OR A. the hosp	T: If Item		276 SIGNATURE	m	sle	nj	0	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF Z DIRECTOR ☐ PHYSIC		220 DATE S	IGNED 15-/A7	
	SPIT.	AN		22d. PHYSICIAN'S NA	AME (TYPE C	R PRINT)		N.S	22e ADDRESS					
	TO HOSPITAL retained by t TO FUNERAL should be det	POR T		Davi	d A.	Oursler			7401 Osl	er Dr. 2120	4			
	5 5 5 4	3 ₹	23a. E	URIAL, CREMATION,	REMOVAL	236. DATE	23c. N	AME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		COUNTY	STATE	
	nn.			SPECIFY) Rumin1		12-17	_07 D	17.00-	** Vallar	T + h	1 - 2	·	STATE	

DHMH - 16 50M 4/83

24 FUNERAL DIRECTOR Mitchell-Wiedefeld Home 6500 York Road 21212 (VRA 15, 4)

AND DATE RECURE BY REGISTRARIUS REGISTRAR'S SIGNATURE

The state of the s

4517 PARK HEIGHTS AVE. 21215

(VR A15 ME (5))

219 30 (313 ... Y Sharper of 2017 ... In France President

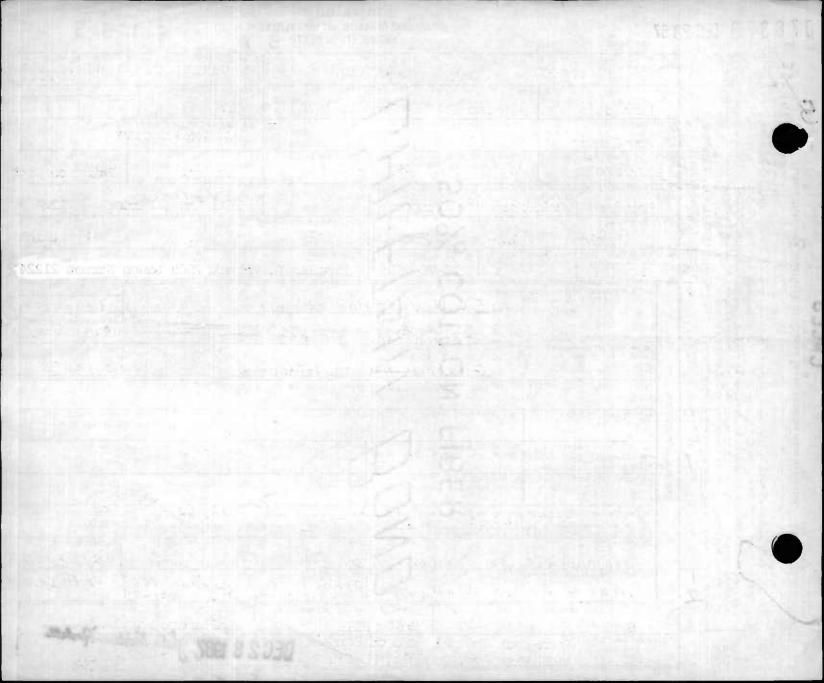
2714 ... March ... 21216

BULLAL 12/20/37 LASTVILL BULL PUR SELECTION ...

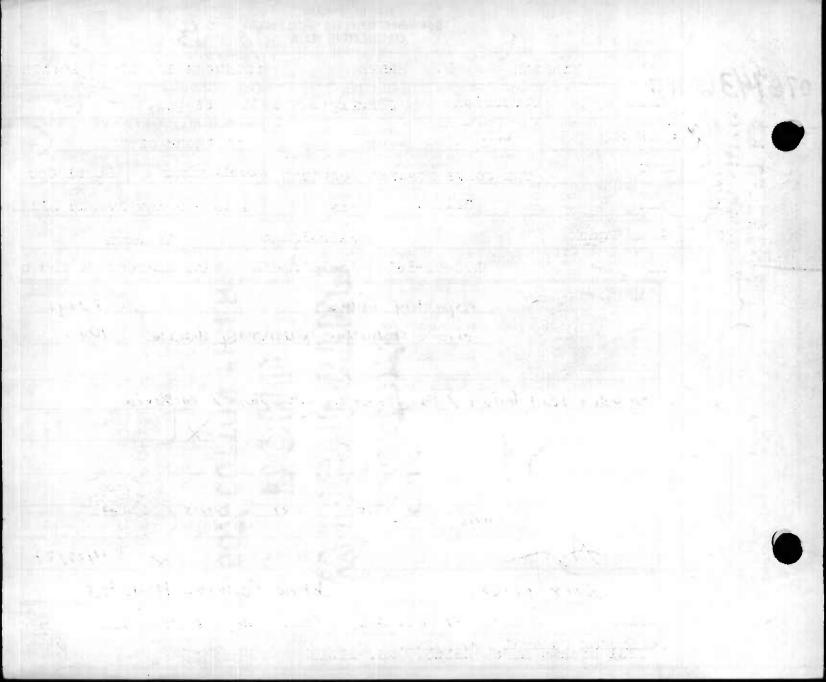
LOTE T. CHARLES DIVINE OF THE AMERICANE. 21215

	great		"2	-
- 5	2	- 3	0	950
REG NO				

07	6 3 7 3 DEC		-73	REGISTRAR				MENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	7 REG. NO.	5 !	3 5	
52 72	2 64		(TYPE	EASED NAME FIRST CAN	DACE		JEAN		BUCK	DECEMBER	23, 19		10:35 _M
0	4 96		SEX	Female	4 RA	CE Whit	e	June	BIRTH 3, DAY 1970 YEAR	6. AGE (IN YEARS LAST BIRTHD	YRS. # UNDE	DAYS I	IF UNDER 24 HRS
The second	1 1 1 1 h	7	C	THPLACE (STATE OR FOREIGN DUNINY) New Jersey	76. CI		WHAT COUNTRY	? 8 MARRIEI WIDOWE	NEVER MARRIED				H MD.
10	775	23	6	Y OR TOWN OF DEATH ALTIMORE				ING HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W Student			BUSINESS OR SCO High
ANDZIZ		5	13a. Si	Maryland Ma	OUNTY altin		GIVE RESIDENCE BEFO 134. CITY OR TO' Baltir	WN		13e.STREET ADDRESS / z 7503 Lange	Street		21224
MARYLAN	ompletely and 2 s	7	1	Charles	MIDDLE	L	Rabi		15. MOTHER'S MAIDEN NAME AMY	WIDDLE		Fitz	patrick
TIMORE,	be execut on and co s. Pager	2		AS DECEASED EVER IN U. S, NO OR UNKNOWN) (IF Y	S. ARMED I		220-78		Charles L.	Rabuck 3106	Dunglo		
W. PRESTON ST., BALTIMORE,	th certificate nding physici carban paper , or remaval.	4		18. CAUSE OF DEATH (En PART I. DEATH WAS C. IMMI	DIATE CA	USE 10)	line for (a), (b), a Cardio	14366	lar Arres	<i>†</i>		1 mi	nute nute
	that the deat by the otten tase remove c al, cremation,			Conditions, if ony, which gove rise to immedia couse (a), stating the underlying couse loss	te ne		Respice RAS A CONSEON			ne		2	ars
CORDS, 201	ow requires the second of the	_	ATION	PART 2 OTHER SIGNIFIC.	1-11				NOT RELATED TO THE TERM N WAS PERFORMED	20a AUTOPSY? 2	Ob. IF YES, WERE	FINDING	
VITAL RE	hos hos		0	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE		TIB. TIME OF		DAY YEAR	21c. HOW INJURY OCCUR	YES NO	N CERTIFYING C YES		NO [
DIVISION OF VITAL RECORDS,	PHY trendings the bury and W	1	MEDICAL	(IF EITHER NOTIFY MEDICAL EX.) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	AMINER)	P.A. Te. PLACE C		, FARM, ETC)	21f LOCATION STREET	CITY OR TOWN	CO	UNTY	STATE
220 certify that (1) (this haspital) attended the deceased from 12/23, and that in (my) (our) opinion death occurred above, (1) (we) (did) (did not) view the body after death.										to 12/23 death occurred on the date	and hour and fi	om the co	
	by the by the ERAL Stote	,		226. SIGNATURE Manga 226. PHYSICIAN'S NAME		m.	moe	e, m	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIA	NO /	DATE SI	3/87
	TO HOSPITAL TO FUNERAL should be det with the Stote	12		Margai URIAL CREMATION REMO	-e+		Mo11,	M.D.	Johns Hopki Raitimos EMETERY OR CREMATORY	ns Hospital	600 N.	WOH	e St.
-	BP		15	Burial	1	12-28-	-87	Holly	Hill	Baltimor			STATE
	OHMH - 16 60M 7/8 (VRA 15, 4)	34	24 FU	NERAL DIRECTOR DO	uda-Ri 922 W:	ise A	uneral H ve. Dund	ome of alk, M		2 8 987	REGISTRARS	der Alfol	



Control of the Contro		FOR STATE REGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	PIENE REGIO, 5	3 6
adb		CEASED NAME PIRST	IAM W.	RADEK	DECEMBER 25, 1	987 26. HOUR 10:13 A
W LED WELL		Male	trace Caucasian	Jahuary 24' 1		UNDER I YEAR IF UNDER 24 HRS
四世人	70. B	RTHPLACE (STATE OFFOREION SETMANY	16. CITIZEN OF WHAT COUNTRY? USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNTY C	
D# 33	CI	ITY OR TOWN OF DEATH	THE JOHNS HO	PKINS HOSPITAL	128 USUAL OCCUPATION STEELWORK FOR MOST OF WORKING LIFE!	126 KIND OF BUSINESS OR INDUSTRY Steel Co.
1	130.	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	other institution, one residence depone ISC CITY OR TOW Balto.		13. STREET ADDRESS / ZIP CODE 3845 Bonview	Avenue 21213
四部〇		Adam Radek	MIDDLE LAST	Wilhelmine	ME	LAST
Programme of the control	16a. V	WAS DECEASED EVER IN U.S. ARI XES NO OR UNKNOWN) (IF YES, GIVI 10	MED FORCES? 166 SOCIAL SECU L 76-09-1		ek same addre	ess as above
ures that the death certific gred by the attending phy in please remore carboning burial, cremation, or remo ty, or other traumatic even		Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	obstructive pulm		8 days 1041s
The low requirements be less been su set permit. The greine prior to la shows any injury	MINCATION	Congestive how	196, CONDITION FOR WHICH	udomonas bonció	200 AUTOPSY? 200 IF YES, YES NOW YES YES	WERE FINDINGS USED ING CAUSES OF DEATH?
PHYSICIAN, ending physician physicia	MEDICAL CE	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAL OF ITE STATES OF THE CAUSE OF DEAL OF THE CAUSE OF DEAL OF THE CAUSE OF THE	HOUR A.M. MONTH DA	19 211 LOCATION	RED (ENTER NATURE OF INJURY IN ITEM TO PAR	COUNTY STATE
by the hospital or off by the hospital or off ERAL DIRECTOR: After the detached for use as the State Dept. of Health as ANT: if them 21 is marke		22a.1 certify that (1) (this haspit sqw the deceased alive on obave, (1) (we) (dig) (did not 22b. SIGNATURE		12/15 , 19 87 27 , and that in (my) (aur) apinian DEGREE ATTENDING PHYSICIAN	death occurred on the date and hour a	27, that (II (we) last and from the causes stated 22c. DATE SIGNED 12/25/77
TO HOSPITAL TO FUNERAL Should be der with the Stote WHOREANE.	00	22d. PHYSICIAN'S NAME ITYPE OF	KLION	121. ADDRESS Johno		ortal
ВР	I	BURIAL, CREMATION, REMOVAL	12-28-87 St	t. Mary's Cem.	Pylesville,	
DHMH - 16 60M 7/84 (VRA 15, 4)	24. 6	Schimunek Fund 3331 Brehms	eral Home Inc.	Md. 21213	E REC'D. BY REGISTRAR 256. REGISTRA	AR'S SIGNATURE



STATE OF MARYLAND

		FOR STATE ORFGISTRAR	DEPARTM	RENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	SIENE 7 3 5	1 3 /
L	T. DEC	CASED NAME FIRST OR PRINT! CHARGO	LE ,	(KALLEY)	DE C 16	87 1221 P M
	3. SEX	M	RACE N	S. DATE OF BIRTH MONTH 24 28		FUNDER LYEAR IF UNDER 24 HRS DNIHS DAYS HOURS MIN
1	,	OUNTRY) S.C	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY OF	CITY MD.
2	M	altunue	SUAL HOSE	MAC	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) DISabled.	176. KIND OF BUSINESS OR INDUSTRY
5	13a. S	1/1/1)		13d. INSIDE CITY LIMITS?	130 STREET, ADDRESS ZIP CODE	mism 8
	(5US	DDLE Past	en (Maniet	2 MMi e MIDDLE	Thompson
		(AS DECEASED EVER IN U.S. ARMI ES, NOOR UNKNOWN) (IF YES, GIVE V	ED FORCES? 166. SOCIAL SECUR NAR OR DATES) 219-22-1	1413 17. INFORMANT	4 SINIA HI	38
		18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	1 /2 / 11 / 6	promping as	est	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		Conditions, if any, which gave rise to immediate couse (a), stating the	(b) NAS A CONSEQUE	dest infantin		
		underlying couse lost. PAR 2. OTHER SIGNIFICANT CO	DINDITIONS CONTRIBUTING TO D	· and · ·	INAL DISEASE OR CONDITION GIVE	N IN PART 1101
7	CERTIFICATION	Date of Operation	196 CONDITION FOR WHICH C	OPERATION WASPERFORMED		WERE FINDINGS USED NG CAUSES OF DEATH?
7		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DA' P.M.	Y YEAR 19 21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM 18 PAR	
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA		CITY OR TOWN	COUNTY STATE
		220.1 certify that (This hospita	ottended the deceased from	1665 19 87	- to 1410 19	that (I) (we) lost

saw the deceased alive on obove, (I) (we) (did) (did not) view the body after death.

19 87, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE

ATTENDING PHYSICIAN

22e. ADDRESS

MEDICAL STAFF

12 / DATE SIGNE

230. BURIAL, CREMATION, REMOVAL Burial

24. FUNERAL DIRECTOR

23b. DATE 12/21/87

23c. NAME OF CEMETERY OR CREMATORY King Memorial Park

Randallstown

Md

DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT: If Item 21 is morked or Item 18 shows ony

March F/H West 4300 Wabash Avenue

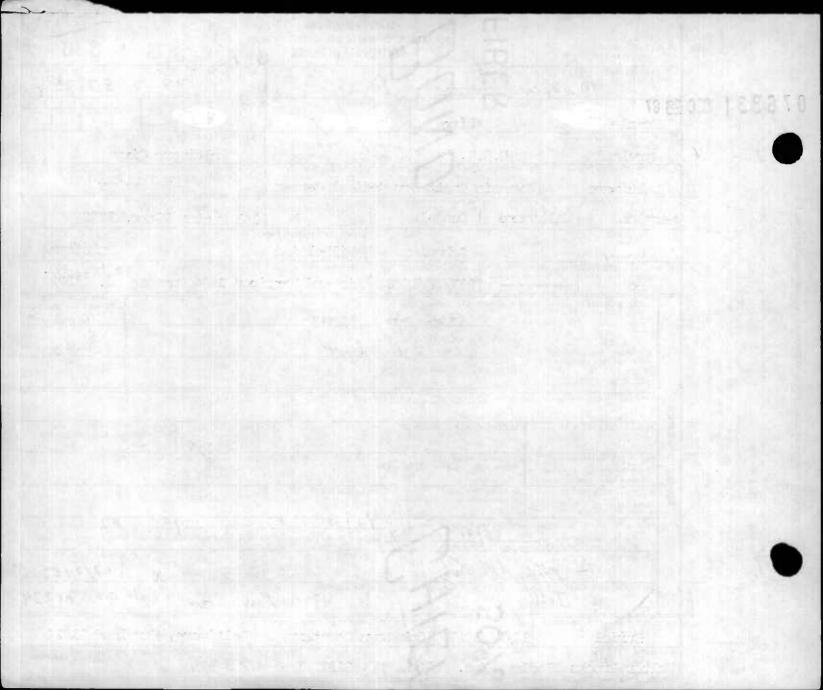
REGISTRAR 256 REGISTRAR'S SIGNATURE DEC

DHMH - 16 50M 4/83 (VRA 15, 4)

07633

	1-	FOR STATE REGISTRAR			DEPAR	TMENT OF H	EALTH AND MENTA ICATE OF DEATI		3 "7	3 5	1	3	8
		CEASED NAME	FIRST		rgaret	0	asi		REG. N 20. DATE OF DEATH	MONTH	2/ 8		26 HOUR 720
DEC	353E			RACE	Lyarce	5. DATE C	F BIRTH		6 AGE (IN YEARS LAST BE	(THDAY)	IF UNDER I		IF UNDER 24 HRS
	- 0	Female	1	7	White	8 8	12 190	AR L	86	YRS.	MONTHS	DAYS	HOURS MIN.
B		RTHPLACE (STATE OR F	OREIGN 7b		WHAT COUNTRY	? 8 MARRIEI	NEVER MARRIE	ED 🗆	9 BALTIMORE CITY			TH	
	-	Maryland ITY OR TOWN OF DEA	711	U.S.		WIDOWE			Baltin				MD.
31		Baltimore	M	Francis	FACILITY, GIVE STREET SCOTT	Key Me	dical Cent		120 USUAL OCCUPAT (TYPE OF WORK FOR MOST (OF WORKING L	IZB. KI INDUS Emakes	STRY	F BUSINESS OR
35	130. S Ma:	AL RESIDENCE (# NURS STATE ryland	BILTI		134, CITY OR TO Dundal	WN	134. INSIDE CITY LIN	_	13e.STREET ADDRESS 101 Center	ZIP COD Plac	e/21:	222	
30	FA	ATHER'S NAME FIRST	MIC	DUE	Schmul	tz	Wilhelm:		WIDDLE		E	cks	trom
2		WAS DECEASED EVER YES, NO OR UNKNOWN] NO	IN U.S. ARME		166 SOCIAL SEC 217/26/		17. INFORMANT Richard I	Harr	ison 2904 I				1222°
resolt, the		18 CAUSE OF DEATH PART I. DEATH W		BY:	line far (o), (b), o	1 1	arrest				BET	PPROXIM WEEN OF	MATE INTERVAL INSET AND DEATH
ir Proumatic		Conditions, if ony, gave rise to imm couse (o), stotin	nediote	(b)	RAS A CONSECUTION OF THE CONSECU	oral ir	faret					3	doys
ury, er oth	z	PART 2 OTHER SIGN	(c)			NOT RELATED TO TH	E TERMI	NAL DISEASE OR CON	DITION GI	VEN IN PA	RT No		
+	CERTIFICATION	190. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION		ON WAS PERFORMED		200 AUTOPSY?	IN CERTI	S, WERE F FYING CA ES []		GS USED OF DEATH?	
G	10.70	21a. ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEATH	HOUR A.M. MONTH DAY YEAR			21c. HOW INJURY OCCURRED (ENTER NATURE OF INJUR						
nyed or	MEDICAL	21d. INJURY OCCURR WHILE AT WORK NOT WH AT WORK	ILE 🗆	21e PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFFICE	FARM, ETC)	211 LOCATION STREET		CITY OR TO	IWN	COUN	TY	STATE
1.21 is mo		22s.1 certify that (1) sow the decease obove, (1) (we) (d	d olive on	121	12/	977	d that in (my) (our) o	g) opinion d	eoth accurred an the d	ate and ha	ur ond from	- '	hot (I) (we) lost ouses stated
1 1 Ben		226. SIGNATURE	1. Jeffe	ry Seh	warf	ſ	DEGREE ATTEND PHYSIC		MEDICAL STA		220. (DATE S	81/87
WPORTA		22d. PHYSICIAN'S NA	Jeff	rey S	church.	L	22e ADDRESS	E	askin Ave.	Ba	ilt, m	d.	21224
		BURIAL, CREMATION, (SPECKY) Burial		23 DATE 12/24/			n Cemeter	У	Baltimore				
83		UNERAL DIRECTOR 1ter Brook	s BRad	ley, I	nc. Balt	co., Mc		UE L	2 8 1987	25b. REGIS	TRARIS SIC	NATU	RE

-6-



(VRA 15, 4)

LA RA DEC	-9	FOR STATE REGISTRAR			MENT OF H	OF MARYLAND EALTH AND MENTAL H ICATE OF DEATH	8 7	3 5 REG. NO.	1 3	9
Poge 4 moy be director. poge 3 months dentified death	3. SE	CEASED NAME OR PRINT) PAU X MALE RTHPLACE (STATE OR FC	PREIGN 75 CITIZEN	PUCASIA COUNTRY	5. DATE C MONTH Aug	ust 13, 1920	9 BALTIMORE	12/3	VEAR VEAR VEAR VEAR VEAR OF DEATH	2b HOUR 10 S AM IF UNDER 24 HRS HOURS MIN.
n to the death.	10 C	COUNTRY) Cest Virgin: ITY OR TOWN OF DEA ALTMOR	TH 11. NAME ({IF NOT IN FRA NG HOME OR OTHER INSTITUT	SUCH FACILITY, GIVE STREET SECTION. GIVE RESIDENCE BEFORE	WIDOWE NG HOME O T ADDRESS)	ROTHER INSTITUTION	Balt 12a USUAL OC (TYPE OF WORK FI Steel	imore Cit CUPATION OR MOST OF WORKING LIFE Worker	12b. KIND INDUSTRY	MD. OF BUSINESS OR Steel
ored within 24 h	<u>M</u> 14) F	TATE ATYLAND ATHER'S NAME FIRST James VAS DECEASED EVER I	Baltimore MIDDLE Y.	Rals	ore ton	13d. INSIDE CITY LIMITS? YES NO 15. MOTHER'S MAIDEN I FIRST Carrie 17. INFORMANT	17 Fl	ADDRESS / ZIP CODE agship Ro MIDDLE ADDRESS	14	21222 terie
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours or ottending physician and confined in the secutificate has been signed by the ottending physician and confined in the ord Mental Hygiene prior to buriol, cremation, or removal orked or them 18 shaws only injury, or other troumotic event, in missian confined in the new orked or them.	- (YES, NO OR UNKNOWN) CS 18. CAUSE OF DEATH PART I. DEATH W	I (Enter only one couse AS CAUSED BY, MMEDIATE CAUSE (o)	234-32-	8190 Awes	Elsie M. 1	Ralston 1			21222 XIMATE INTERVAL LONSET AND DEATH
we requires that the deben signed by the o	ATION	gove rise to imm couse 101, stating underlying couse	ediate the lost. IFICANT CONDITIONS	OR AS A CONSEQU	DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE (SY? /20b IF YES	, WERE FIND	INGS USED
VISION OF VITAL REGISTED OF VITAL REGISTED OF VITAL STATE OF THE CAMPACT OF THE C	MEDICAL CERTIFICATION	21g. ACCIDENT WAS UNDI OR CONTRIBUTING C (IF ETHER NOTEY MEDIC 21d. INJURY OCCURR WHILE DISWORLD AT WORK	ERLYING TAUSE OF DEATH HOUR HOUR TO SEE THE TENTH HOUR TANK HOUR TO SEE THE TENTH HOUR TO SE THE TENTH HOUR TO SEE THE TENTH HOUR TO SE	E OF INJURY	OAY YEAR	211 LOCATION	YES	IN CERTIF	YING CAUSE	S OF DEATH? NO
On ATTENDO s hospital or ORECTOR: A ched for use them 20 is m		22a 1 certify that (I)	this hospital) ottended tolive on 12 3 a didd not) view the bo			d that in (my) OU opinion DEGREE ATTENDING PHYSICIAN	on death occurred	on the date and hour	22c DATE	that (I) (we) lost couses stated ESIGNED
TO HOSPITAL (TO FUNERAL I should be deto with the Store I IMPORTANT: IF		00	EMOVAL 23b. DATE 12-7	7–87	Oak I		Palt	ON Dre / R	yland	STATE

7922 Wise Ave. Dundalk, MD 21222

George J. Gonce 4001 Ritchie Hgwy Balto Md

(VRA 15, 4)

				103 17
The state of			+00	
	PROF S ON A	0.3841.00	the case	
		ne politication		
management lage that ever of		An isent so	ere difference	
sores Torres Inc.	1		whomas out or	
595267		70 TH 10 TH	Lat.	
	The state of	14.83		
	No. 15			
				1
		1. 2 .		
3 7 - 1				
Giran III		30 MATE	Rd Land	

the same with Manual Typy Teles at

07450

cecuted within 24 hours after death Page 4

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician.

BP.

DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND

CERTIFICATE OF DEATH 13

- 4	gran	1	4	
. 5		9	ent	
23		- 0		

FOR STATE	DEPAR	TMENT OF HEALTH AND MENTAL H		1 4 1
0 9 1 11	IRST MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOURAL
(TYPE OR PRINT)	abeth Caroline	Rasinski	December 2, 19	1040
3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATS HOURS MIN.
Female	White	March 6, DAY 1913	74 YR	s.
74 BIRTHPLACE (STATE OR FORE COUNTRY) Maryland	76 CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	D - 1 + 1 O - +	
Baltimore	11. NAME OF HOSPITAL, NURS	SING HOME OR OTHER INSTITUTION	126 USUAL OCCUPATION	176. KIND OF BUSINESS OR
Maryland A	HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE TO THE COUNTY 130 CUTY OR TO THE Arundel Glen Bu	ORE ADMISSION) WWN 13d INSIDE CITY LIMITS? TRIE YES NO P	13. STPFFT ADDRESS / ZIP CO 314 Maryland A	ope ve. 21061
John Lock		Rose Rose	MIDDLE	Unknown
	U.S. ARMED FORCES? 166 SOCIAL SET None 215.07.	(Hac		e #13
Canditians, if any, w gove rise to immed cause (a), stating underlying cause	liate	FPSIS		1 MONTH
190 DATE OF OPERATIO		CH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
OR CONTRIBUTION TO CAN	SE OF DEATH HOUR A.M. MONTH	DAY YEAR 19	URRED (ENTER NATURE OF INJURY IN ITEM	T8 PART I OR PART 2)
THE EITHER NOTIFY MEDICAL 216 INJURY OCCURRED WHILE AT WORK AT WORK	LAT HOME STREET FACTORY OFFIC	E FARM ETC) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
saw the deceased	is haspital, attended the deceased from	DEGREE ATTENDING		haur and from the causes stated 27c DATE SIGNED
22d PHYSICIANUS NAMI OPE 23a BURIAL, CREMATION, REI	MOVAL 23b DATE 23	NAME OF CEMETERY OR CREMATOR	Y 173d LOCATION CITY OF LOWN	COUNTY STATE
Burial 24 FUNERAL DIRECTOR Singleton Fune	Dec 5, 1987 Ho Fal Home, Glen Bur	nie, Maryland	Baltimore PATE REC'D. BY REGISTRAR 25b REC C - 8 1987	Maryland GISTRAR'S SIGNATURE Disiden Rudell

120-121-98470 And the second of the first section in The second secon TO SHOW THE SECOND OF THE SECO The first Million of the American section for the first the section of the sectio

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH &

- STATE REGISTRAR REG. NO DECEASED NAME 2a DATE OF DEATH MIDDLE MONTH 76 HOUR FREDERICK GEORGE RAUSCH IF UNDER TYEAR IF UNDER 24 HRS AGE (IN YEARS LAST BIRTHDAY) 4. RACE 5. DATE OF BIRTH 1 SEX MONTH White 12 **BALTIMORE CITY OR COUNTY OF DEATH** To. BIRTHPLACE I STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED BALTIMORE CITY Maryland DIVORCED WIDOWED II. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) BALTIMOR Plumber Plumbing USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13a. STATE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Md. Howard Elkridge 656h Montgomery Rd., Elkridge 15 MOTHER'S MAIDEN NAME 4. FATHER'S NAME MIDDLE FIRST Hittel Frederick G. Rausch Elizabeth 140 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESS 166. SOCIAL SECURITY NO. Elkridge, Md.21227 (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 212-01-4745 6564 Montgomery Rd. WWII Noreen Mary Rausch. 11. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 206. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 19s DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? YES 🗌 NO 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 71d INJURY OCCURRED 21e PLACE OF INJURY COUNTY STATE CITY OF TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 87 . that (1) (we) last 10 87 Dec. 14 22a.1 certify that (1) (this haspital) attended the deceased from. Dec 14 Dec . 14 and that in (my) (aur) apinian death accurred on the date and hour and from the causes stated saw the deceased alive on_ abave, (1) (we) (did) (did nat) view the bady after death 22c DATE SIGNED 226. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 22d. PHYSICIAN'S NAME (TYPE OR PRINT) Mens 230. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 236. DATE Burial

DHMH - 16 50M 1/B1 (VRA 15, 4)

24 FUNERAL DIRECTOR

Meadowridge Mem.

Elkridge

Howard Co 2 DATE REC'D. BY REGISTRAR THARES SIGN

5695 Main St., Elkridge,

Prederich G. Bauern Allrabeth Yes Will 212-01-1715 Normen Many Amench, 6501 Hontgomery Md.

in the last season of the last s

المام والمامع والمالية والمستدر والعالم

21227

SSSIS, bit , appround

07433

6

FOR STATE

STATE OF MARYLAND		STA	TE	OF	MARYLAND
-------------------	--	-----	----	----	----------

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH (2)

	7 REGISTRA						REG		D - H HF - B	To more
	ECEASED NA	AME FIRST	M	AIDDLE	LAS		20. DATE OF DEAT		DAY YEAR	2b HOUR
		James		lmer		ver		12	5 87	2:08 Am
3. S	EX		4. RACE		5. DATE OF		6 AGE (IN YEARS LAS	T BIRTHDAY)	MONTHS DAYS	HOURS MIN.
1	Male		White		Octo	ber 6,1901	86	YRS.		
70. 8	SIRTHPLACE COUNTRY)	STATE OR FOREIGN	76. CITIZEN OF V	WHAT COUNTRY?	8 MARRIED	□ NEVER MARRIED □	9. BALTIMORE CIT	Y OR COUNT	TY OF DEATH	
	Mar	ryland	USA		WIDOWED		City			MD.
100	Baltin	VN OF DEATH	Meridia	HOSPITAL, NURSIN HEACKITY, GIVE STREET A IN HOMEWO	G HOME OR ADDRESS) Cen	other institution ter	12a USUAL OCCUP (TYPE OF WORK FOR MC Electrical	PATION DEST OF WORKING BL Subs	126 KINDUSTRY Station	& Siness or Operator
USI		ICE (IF NURSING HOME OR	OTHER INSTITUTION,	GIVE RESIDENCE BEFORE 136. CITY OR TOW Baltimo:	N 11	3d. INSIDE CITY LIMITS? YES X NO	13. STREET ADDRE	SS	ve. 2121	-
14. 5	ATHER'S NA		MIDDLE E.	Raver		5. MOTHER'S MAIDEN NA			Apper	
		ASED EVER IN U.S. AR	MED FORCES?	166. SOCIAL SECU 212-05-4:		7 INFORMANT Mr. Ronald		Same		
E C	II CAUSE	E OF DEATH (Enter on DEATH WAS CAUSE)	ly one cause per			III. Itoliaia	Tradio C 1 5	Julio	APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
	gave ris couse (underlyin		DUE TO, OF		tue ence of set es	heart fair Melli OT RELATED TO THE TERM	tus	CONDITIONS	DIVEN IN DART I	
NOL	PART 2	le out la	10 seen	at st	Jasep	h proportal	and	Tile	ased 3	Doc 8+
CERTIFICATION	19a DATE	OF OPERATION	198 CONDI	TION FOR WHICH	OPERATION	WAS PERFORMED	200 AUTOPSY?	IN CERT	TIFYING CAUSES YES	
	OR CONTRI	ENT WAS UNDERLYING BUTING CAUSE OF DEA	3113	M. MONTH DA		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF	INJURY IN ITEM 1	8 PART I OR PART 2)	D.F.
114										
MEDICAL	21d INJUR	NOTIFY MEDICAL EXAMINER	21e. PLACE (The second secon		211 LOCATION STREET	City	ORTOWN	COUNTY	STATE
MEDICAL	21d INJUR WHILE AT WORK C	RY OCCURRED NOT WHILE AT WORK	21e. PLACE ((AT HOME, STR	OF INJURY BEET, FACTORY, OFFICE, F	ARM, ETC.)	19 8 1	7 to 12 -	511	19 87	that (I) (25) last
MEDICAL	21d INJUR WHILE AT WORK C	NOT WHILE AT WORK and all we are all work and all we are all we ar	21e. PLACE ((AT HOME, STR	OF INJURY LEET, FACTORY, OFFICE, F e decegsed from	ARM, ETC.)	that in (my) (and) opinion	7 to 12 -	511	19 <u>87</u> , aur and from the	that (I) (25) last couses stated
in Nem 24 is morked	21d INJUR WHILE AT WORK C	RY OCCURRED NOT WHILE AT WORK ify that (1) (Ab Hospital AT ORE	21e. PLACE (AT HOME. STR	OF INJURY LEET, FACTORY, OFFICE, F e decegsed from	ARM, ETC.)	that in (my) (arr) opinion GREE ATTENDING PHYSICIAN (death occurred on the	he date and h	19 87, aur and from the	that (I) (26) last couses stated
9	21d IN JUR WHILE AT WORK 22a. I certi	AT WORK ify that (1) (the hospital of the hos	21e. PLACE (AT HOME. STR	OF INJURY LEET, FACTORY, OFFICE, F e deceased from after death.	ARM, ETC.)	that in (my) (mr) opinion GREE ATTENDING PHYSICIAN (270 ADDRESS	death occurred on the	he date and h	19 87, aur and from the	that (I) (26) last couses stated SIGNED
9	21d INJUR WHILE AT WORK 22a. I certi	RY OCCURRED NOT WHILE AT WORK ify that (1) (Ab Hospital AT ORE	21e. PLACE (AT HOME. STR red) offended the strength view the body.	OF INJURY LEET, FACTORY, OFFICE, F e decogsed from after death.	ARM, ETC.)	that in (my) (arr) opinion GREE ATTENDING PHYSICIAN (death occurred on the	he date and h	19 87, aur and from the	that (I) (26) last couses stated SIGNED

HO: Dr. Cart Total and the second se AND THE PARTY OF THE PARTY OF THE PARTY.

a o med J. such, Luc.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 19 STATE CERTIFICATE OF DEATH REGISTRAR 20 DATE OF DEATH DECEASED NAME FIRST 2b HOUR TYPE OR PRINTI 12 -0415 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR 4. RACE 5. DATE OF BIRTH 3. SEX MONTH DAY YEAR male 3 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED timore City IT SINE CUI MO WIDOWED DIVORCED | 10 CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY altimore None MSUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 136 COUNTY 13c. CITYLOR TOWN 13e.STREET ADDRESS / ZIP CODE 13d INSIDE CIPY LIMITS? 12-13 Limit 4.9. NO 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST MIDDLE LAST ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT (IF YES GIVE WAR OR DATES) (YES, NO OR UNKNOWN) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for 10), (b), and (c), 1 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE 10 Conditions, if any, which gave rise to immediate cause (a), stating oth underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT DIVISION OF VITAL RECORDS. CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOD YES | NO T 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION ò COUNTY STREET CITY OR TOWN AT HOME. STREET FACTORY, OFFICE, FARM, ETC } NOT WHILE WHILE 220.1 certify that (1) (this hospital) attended the deceased from, 12-25 saw the deceased alive on obove, (1) (we) (did) (did not) view the body ofter death. _ and that in (my) (aur) opinian death occurred an the date and haur and from the causes stated 22b. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN FUNERAL MPORTANT 22e ADDRESS d b ŧ 0 23c NAME OF CEMETERY OR CREMATORY 23s. BURIAL, CREMATION, REMOVAL 23d LOCATION 236 DATE CITY OF TOWN COUNTY STATE BP 2-29-87 Remova] 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 State Anatomy Board Balto., Md. (VRA 15. 4)

LEROY O. DYETT 4600 LIBERTY HEIGHTS

(VRA 15, 4)

STATE OF MARYLAND

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 20 DATE OF DEATH MONTH 2b. HOUR DATE OF BIRTH IN TEARS LAST BIRTHDAY IF UNDER I YEAR A DYRS BALTIMORE CITY/OR COUNTY OF DEATH MARRIED NEVER MARRIED 3047170BG WIDOWED MD. 126 KIND OF BUSINESS OR OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BIMIUISTON 130 STREET ADDRESS ZIP CODE 13d. INSIDE CITY LIMITS? YES > 15. MOTHER'S MAIDEN NAME LAST FIRST La Cancar of Colon Bearing Dr. Bee Cancar of Colon DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO 20a AUTOPSY? 20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES | 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 19 0 211 LOCATION CITY OR TOWN COUNTY STATE

87 REGISTRAR I. DECEASED NAME TYPE OR PRINTS 3. SEX 7a BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? COUNTRY (4 5 B NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 136 COUNTY DLTIMERE 14. FATHER'S NAME 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c.) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. CERTIFICATION 190 DATE OF OPERATION CONDITION FOR WHICH OPERATION WAS PERFORMED 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) AT WORK NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from. 12-16-.19 . 97, and that in (my) (our) opinion death occurred on the date and haur and I rom the causes stated sow the deceased alive an abave, (I) (we) (did) (did not) view the bady after death. 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF nii PHYSICIAN TODIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME LTYPE OR PRINTI 300- ARNIONY RACE 231 NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION, REMOVAL 23b. DATE

DHMH - 16 60M 7/84 (VRA 15, 4)

FUNERAL uld be deta

MPORTANT

o to

à. a.

X

5191

24 FUNERAL DIRECTOR

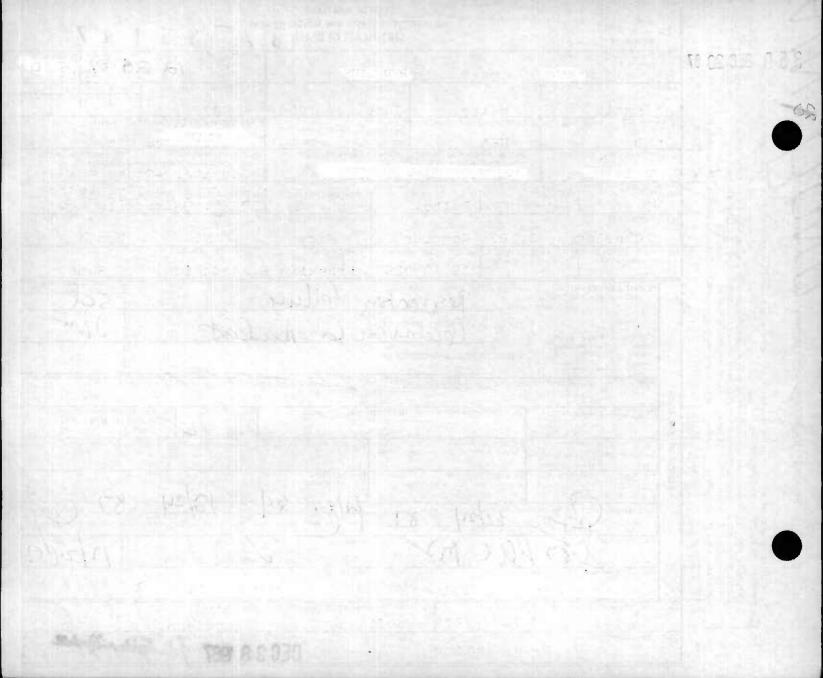
FOR

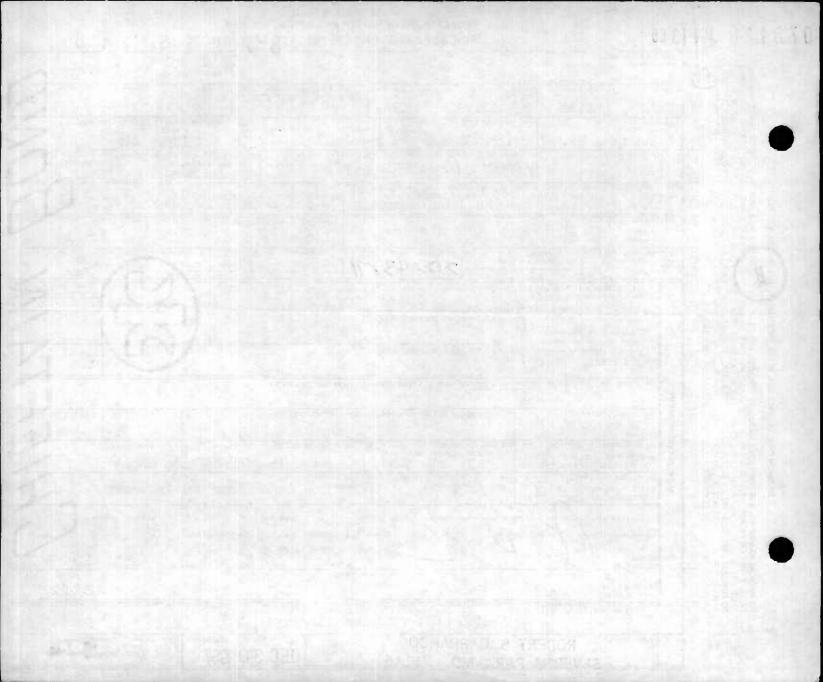
- STATE

2122

; 3

	1			STATI	OF MARYLAND		
	1.	FOR STATE	DEPART		EALTH AND MENTAL HYG	IENE	47
		REGISTRAR		CERTIF	ICATE OF DEATH	RED NO.	4 /
DEC 29 87		CEASED NAME FIRST	WIDOLE	ī	AST	20. DATE OF DEATH MONTH	NAY YEAR 26. HOUR
eo de la constante de la const		MARY	GRAY R	EDEL	TUS	12 2	2.30 M
tar, page	3. SE	X	RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
ge 4		Female	White	June		83 YRS.	MONTHS DAYS HOURS MIN.
Por l dir	70 B		LOUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
nera 72		MD	USA	WIDOWE		Baltimore	City MD.
with with	10 C		1. NAME OF HOSPITAL, NURSIN	NG HOME C		12a. USUAL OCCUPATION	126. KIND OF BUSINESS OR
S offer	10/	Baltimore	Union Memor		Hospital	(TYPE OF WORK FOR MOST OF WORKING LIF Secretary-St	
De in	USU.	AL RESIDENCE (IF NURSING HOME OF	THER INSTITUTION GIVE RESIDENCE BEFOR	E ADMISSION)			
filled filled		MD 136 COUNT	Balto.		136 INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE 505 W. Univer	eity Dkwy
sho sho	_	THER'S NAME			15 MOTHER'S MAIDEN NAM		21210
d w			J. F. Kemple	r	Mary	MIOOFE	Brown
cute Cotte	16a V	VAS DECEASED EVER IN U.S. ARM			17 INFORMANT	ADDRESS	DLOWII
Poges Poges	(YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	0257	Examination I	I Dodolina	C 2 m 0
D 5 5					Franklin i	H. Redelius,	Same
ires that the death certificate gaed by the attending physic n please remove corbonopope buriol, cremotion, ar removal, ry, or other froumatic event, the		18. CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSED	one couse per line for (a), (b), ar	nd (c).	+ foilure		BETWEEN OUSET AND DEATH
ng p bon rem		IMMEDIATE	CAUSE (0)	VCITIV	11110004		34
endii cor n, ar			DUE TO, OR AS A CONSEQU	ENCE PE	(1.0. A.	. O.=A	IN
move notio		Canditians, if any, which gove rise to immediate	(b) (A)	1200	such lu	COLON	0.
y the crem		couse (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQU	ENCE OF			
s tho			(c)				
signi signi o bu jury,	z	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CONDITION GIV	EN IN PART 11a
reen int. The int. Th	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATIO	N WAS DEDECTRATED	20a AUTOPSY? 20h IF YES	, WERE FINDINGS USED
n. ne prem	SE	THE DATE OF CHEROIST	The constrict of which	OFERATIO	THAS PERI ORMED	CERTIF	YING CAUSES OF DEATH?
sicio	ERT	710 ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		121r HOW IN HIPY OCCUPE	ED (ENTER NATURE OF INJURY IN ITEM 18 P.	S NO
physical Hyan of Hyan		OR CONTRIBUTING CAUSE OF DEAT	The same of the sa	AY YEAR	THE HOW HAJORI OCCORN	CO (ENIER MATURE OF INJURY IN TIEM IS P.	ART I OR PART 2)
HOSPITAL OR ATTENDING PHYSICIA ined by the hospital or attending pleUNERAL DIRECTOR: After this certify build be detached for use as the burial-the State Dept. of Health and Mental ORTANT: If them 21 is marked or them.	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19	211 LOCATION		
PHY tendi	ME	WHILE NOT WHILE	(AT HOME STREET, FACTORY, OFFICE,	FARM, ETC)	STREET	CITY OR JOWN	COUNTY STATE
After of the stark		- f			DAN 61	12/24	47
ol o ol o ol o ol o ol o ol o		770 I certify that (II (this haspite	intended the deceased from	(7)	d hot in (my) your) apinion d	, 10	19 that (II) (we) lost
ATT OSPIN		obove, (I) (we / flid) did not	view the body alter death.	, on	1	leath accurred on the date and have	
OR DIRI		234 SIGNATURE	12011 MV		DEGREE ATTENDING .	MEDICAL STAFF	22c. DATE SIGNED
by the LERAL State ANT:		1801	ryver		PHYSICIAN &	DIRECTOR PHYSICIAN	1 19 call
OSPI ed b d be d be the St		22d. PHYSICIAN HAME INTO OR			22e ADDRESS		
TO HOSP etained TO FUNI Should be with the		Dr. Stua				orial Hospital	
T & T & 3 Z	23a E	SURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE
BP		Burial	12/29/87	Wood]	awn	Woodlawn,	MD
DHMH - 16 60M 7/B4	24. FU	JNERAL DIRECTOR	TAT Tomas ADDRESS		25a. DATE	REC'D. BY REGISTRAR 256, REGISTI	RAR'S SIGNATURE #
(VRA 15, 4)		п.	W. Jenkingss		UEC	28 1987 9	/sema





7.0		1.	FOR			ST SEPARTMENT O		ARYLAND		NF		
15	285 DEC	15	STATE DEGISTRAR			DICAL EXAMI				- 10	1 4	9
		1. DE	CEASED NAME	FIRST		MIDDLE		LAST	0 1	20. DATE KNOWN		DAY YEAR 75 HOU
	S S S E	{ 1Y	E OR PRINT)	ROBERT		+ 'S."	-K. jay	רוהויגוט		DEATH MATED	12	1119 87
	PLEASE ECTOR. FILES. HOURS STREET,	3. SE.	(4 RA	CE 5	DATE OF BIRTH	& AGE IN			UNDER 24 HRS		MONTH	DAY YEAR 24 HOL
				ACK	8 15-	1916 71	YRS. MONT	HS DAYS H	HOURS MIN.	PRONOUNCED DE AD	12	11 19 87 8:3
	ESS.		RTHPLACE (STATE OR	7 b	. CITIZEN OF WH	AT COUNTRY?	8. MARR	ED NEVE	R MARRIED	9. BALTIMORE CITY	OR COUNTY	OF DEATH
	IS NECESSARY E FUNERAL DIF E 5 FOR YOU ED, WITHIN 72 W PRESIDN	CI		V.A.	u.s		WIDOW		DIVORCED [Divid Califor		
	ELAY IS N TO THE FL V PAGE 5 BETHED.	18. C	TY OR TOWN OF DE Baltimore	ATH 11	(IF NOT IN SUCH FAC	PITAL, NURSING HOLLINY, GIVE STREET ADDRESS. Biddle S	S)	ER INSTITUTIO		GUAL OCCUPATION (TY R MOST OF WORKING LIFE)	PE OF WORK	OR INDUSTRY
-	POE NO		AL RESIDENCE (IF IN NI	URSING HOME OF O			SSION)	1138 INSIDE CITY	LIMITES 112. ST	REET ADDRESS	1714	7
212	* \$ 25 5 5		MD.	130 COOTATT		BALTIMORE		F-1		27 E BIDD	I.E. ST	
MD.	1/22	14 F.	ATHER'S NAME FIRST	UNKNOW	AIN	LAST		FIRST	S MAIDEN NAM			LAST
OW	10 X - 2	16a \	VAS DECEASED EVER		O FORCES?	166 SOCIAL SECUR	RITY NO.	17. INFORMA	NT	ADDRES	55	
RALTIMO	AFTE SIVE P AGES (1SION		YES	W.W.		223-22-9	120	OPHETI	A AUSTI	N 1530 N.	PAYSON	ST
-	WILL WILL		18 CAUSE OF DEA PART I DEATH V	TH (Enter only a	ne cause per line	for (a), (b), and (c).)	THE -					APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
N	24 HO ONG PERM SIENE	-	PARTIDEATH	IMMEDIATE C	CAUSE (a)	Chronic a		lism				
ESTO	WITHIN 24 ENCIL IN IT MINER ALC TRANSIT PI ENTAL HYGI		Conditions, if	ony which	DUE TO, OR	AS A CONSEQUENC	EOF					
4	WITHIN NCIL IN AINER TRANSI		gove rise to	immediate	(b)	1						
5	XECUTED WITHI AG" IN PENCIL AL EXAMINER BURIAL - TRAN AND MENTAL ATION, OR REA	1	lying cause last		DUE TO, OR	as a consequenc	E OF				Verie	
200	EXECUTED NG" IN PR CAL EXAM N BURIAL H AND MEI WATION, C	1	PART 2 OTHER SIGNIFICAL	NT CONDITIONS CON	TRIBUTING TO OFATH B	UT NOT RELATED TO THE TE	RMINA? DISEAS	OR CONDITION G	IVEN IN PART 1 IN			
Ö	D BE EXE ENDING MEDICA AS A BI EALTH AI CREMA	Z		August 1					THE THE PART (180			
DIVISION OF VITAL BECORDS 201 W PRESTON ST	CERTIFICATE SHOULD BE EXECUTED RITING THE WORD. "PENDING." IN PLOED TO THE CHIEF MEDICAL EXANDED BE USED AS A BURIAL-DEPARTMENT OF HEALTH AND MEDICAL PROPERTY."	CERTIFICATION	19a. DATE OF OPER	ATION	196 CONDIT	ION FOR WHICH OP	ERATION W	AS PERFORME	ED?			10 AUTOPSY? Head Only
O. P. C.	ATE SHORT OF THE CHIE	CER	210. EXTERNAL CAL		21b. TIME OF HOUR A.M.	INJURY MONTH DAY YE	AR 21c. HO	OW INJURY O	CCURRED (ENTE	R NATURE OF INJURY IN ITEM 18	B PART I OR PART 7	2)
Z	CERTIFICATE TING THE W DED TO THE 3 SHOULD B DEPARTMEN I PROR TO	CAL	UNDERLYING CONTRIBUTING		TH P.M.	19						
N/S	VRITING VRDED VRDED GE 3 SI TE DEP	MEDICAL	WHILE NOT			OF INJURY (AT HOME, DRY, FARM, ETC.)		CATION TREET		CITY OR TOWN	COUNT	TY STATE
	E, WRI E, WRI EWARD PAGE STATE , 21201		AT WORK AT V	VORK			Uon	Amler				
	SE SON HE		22a. I certify that	I took charge o	f the remains desc	ribed obove, held an	Head	S Sully	nspection	Inquiry . o	and in my opini	ion
	EXAMINER: CERTIFICATI ULD BE FOR DIRECTOR: , WITH THE	1	death resulted fram	n: Na <u>tural c</u>	causes 🔼	Accident .	Suicide	, Hamicide		etermined manner		
	HCAL EXAMENTE CERT SHOULD E SHOULD E ERAL DIRE CATH, WITH CATH, WI	13	ACTUAL	Ma	(25	1		Depu	cury) Itv Chie	F DICAL EXAMINER	DATE	12-12-87
	ZHY ZHY		SIGNATURE	MIL	MAN.	XI	M	.D	ME ME	DICAL EXAMINER	SIGNED.	
	MEDICAL EXAMINICECUE THE CERTIFIC (CE 4 SHOULD BE TO THINKEAL DIRECTO THE DEATH, WITH THE DIRECTO THE	1	EXAMINER'S NAME (TYPE OR PRINT)	Ann N	1. Dixon,	, M.D.		ADDRESS_1	11 Penn	St., Balto	o., MD	21201
	PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE	23a.B	URIAL, CREMATION,			23c. NAME OF C			Y 23d. L	OCATION Y OR TOWN	COUNTY	STATE
07/8 25M	BP	-	BURIAL	12	2-18-87	GARRISC	N FORI	REST VE		ING MILLS,	MD.	
MCZ	DHMH - 17	24 F	NAME DIRECTOR	011 -	< UNDORESS	11/2/11	Pin	1 4 250	DATE REC'D. B	Y REGISTRAR 256 REG	SISTRAR'S SIG	
	(VR A15 ME (5))		PYLLIN	ry /1	77565	71597	7 1111	11 (OnW)	16111	TUK/	Service Sadden	

,其一个201克(1) TAIL TAIL THE RESIDENCE OF THE PARTY OF T BARTER S. STEP S. S. STEP S. S. STEP S. THE PROPERTY OF THE PROPERTY O 是一个人,我们们是一个人,我们就是一个人的人,但是我们们的人,但是一个人的人,但是一个人的人,但是一个人的人,但是一个人的人,但是一个人的人,但是一个人的人,他们

7510

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

12	com.		100	0
REG. NO.	2	2	3	U

EC		FOR STATE POGISTRAR			DEPART		EALTH AND MENTAL HY ICATE OF DEATH	GIENE 7	REGINO. 5	5 0	87 520 M			
		DECEASED NAME (TYPE OR PRINT) EVELYN 3. SEX 14. RACE			Louise REEDER 15. DATE OF BIRTH			12 10 87 520						
700		Female RTHPLACE (STATE OR OUNTRY) MB	FOREIGN 7b	Whit CITIZEN OF W USA	THAT COUNTRY?	MARRIEI WIDOWE	NEVER MARRIED	0 11:	CITY OR COUNTY		MD.			
	Be	Hamon, M	8 6	(IF NOT IN SUCH	ACILITY GIVE STREET	TADDRESS)	well Hosp.	120 USUAL OCC	CUPATION RMOST OF WORKING LIFE COPER.	KIND OF E	BUSINESS OR			
5	Ma	AL RESIDENCE (IF NUR.		A.	Glen By		136 INSIDE CATY LIMITS? YES NO THE	134 A	PRESS / ZIP CODE	NDR	21061			
4	0	Horace	DLE	Kno	x	Nelli		HODLE	GiTbe	ert				
7		(AS DECEASED EVER (ES, NO OR UNKNOWN) NO	IN U.S. ARME (IF YES, GIVE W		214-2	_	17 INFORMANT Raywond	Reeder	Same as					
3		PART I. DEATH W	M (Enter anly of VAS CAUSED B IMMEDIATE C	ane cause per la Y: AUSE (a)	andio f	du/m =	enary R	rest	1	APPROXIMA BETWEEN ON:	SET AND DEATH			
99	NO	Conditions, if any gave rise to im- couse (a), statis underlying cause	mediate ng the e last.	163	Metas AS A CONSEQU Cell		CArcinom	a, Squ Bladder MINALDISEASE O	R CONDITION GIV	EN IN PART 11a				
	CERTIFICATION	190 DATE OF OPERATION 196 C			ION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPS	IN CERTIF	FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO				
	MEDICAL CER	21g. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER NOTIFY MED	CAUSE OF DEATH	P.M	N. MONTH D	AY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE	OF INJURY IN ITEM 18 P	ART 1 OR PART 2)				
	MED	21d INJURY OCCUR	HILE []	21e. PLACE O	ET FACTORY OFFICE.	FARM ETC)	21f LOCATION STREET	c	ITY OR TOWN	COUNTY	STATE			
		22a.1 certify that all saw the decease obave, all (we) (22b. 5KNATURE)	(this haspital) ed alive an did) (d	12-16	7- 198	6	DEGREE ATTENDING PHYSICIAN 122e ADDRESS	MEDICAL DIRECTOR	STAFF	22c. DATE SM				
1	23a B	URIAL, CREMATION,	REMOVAL A	236 DATE 12/14,	/87 23c	NAME OF C	EMETERY OR CREMATORY	23d LOCATIO	DN Dwn	COUNTY	Md			
4		ineral director	once 40	001 Rite			2500	ATE REC'D. BY REG	STRAR 256 REGIST	RAR'S SIGNATUR	RE			

DHMH - 16 60M 7/B4 (VRA 15, 4)

IMPORTANT: If Hem 21 is marked at Hem 18 shaws any injury, at other traumatic

	-	1			STATE OF MARYLAND								
			FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE										
			REGISTRAR		CERTIFICATE OF DEATH	REGINO.	3 1						
768	5 % -DEC S	31 18	PECEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH DE	AY YEAR 26 HOUR						
100	5 7 DEC	L	JOHN	Francis			87 <u>M</u>						
		3.	SEX	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	/ - Mi	FUNDER I YEAR IF UNDER 24 HRS ONTHS DAYS HOURS MIN.						
	recto urs of		MALE	BLACK	10 12 1919	68 YRS							
	Po Po Po	70	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH						
	deot one	2	MARYLAND	USA	WIDOWED DIVORCED	BALTIMORE CITY	MD.						
10	by the filled with	1	CITY OR TOWN OF DEATH BALTIMORE	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET 1623 ASHBURTON	IG HOME OR OTHER INSTITUTION ADDRESS) STREET	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) LABORER	126 KIND OF BUSINESS OR INDESTRUCTION STEEL COMPANY						
ND 212	24 hours	13	UAL RESIDENCE (IF NURSING FOR 13 L. STATE 13 L. MARYLAND	THE THE TITUTION GIVE RESIDENCE BEFORE 134. CITY OR TOW BALTIMUR	'N 13d. INSIDE CITY LIMITS?								
YEA	25.00	14.	FATHER'S NAME		15. MOTHER'S MAIDEN NA	AME							
AAR	: 3124	0	DELL J.E	REEDER	BESSIE	WIDDLE	GRAY GR						
ai .		160	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECU		ADDRESS							
TIMO	be ex	L	NO	215-12-0		REEDER 1623 ASHBI							
T. BAL	thrate physics proper emoval reent th			inly one couse per line for (0), (b), on ED BY: (TE CAUSE (0) JUSPICA	ED FATAL AN	RAHY TH MIA	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH						
NOT	oth ce ending in, or n			DUE TO, OR AS A CONSEQUE	RESPIRATORY 1	NSUFFICIENCY							
W. PRES	by the off by the off by the off cremation other from		gove rise to immediate cause (a), stating the underlying cause lost.	gove rise to immediate couse (o), stating the DUETO OR AS A CONSEQUENCE OF									
200.30	quiver, 1 New ple to burio njury, or	3	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 D (A SETES MELLITUS - HEAPES 203TEA LEFT FACE										
NECOS I	has been permit me prior on prior	7	190 DATE OF OPERATION	WERE FINDINGS USED ING CAUSES OF DEATH? NO									
OF VITA	CIAN To physics of the Hygin III Hyg	//	OR CONTRIBUTING TO CALLER OF DE	HOUR A.M. MONTH D.	AY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18 PA	RT 1 OR PART 2)						
VISION	of PHYS) of Physics of the there and Mer		21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE I	211 LOCATION	CITY OR TOWN	COUNTY STATE						
ō	TENDIN		27a I certify that (I) (this hospital) attended the deceased from JANUARY, 19 87, to DECEMBER 19 87, that (I) (wo) lost sow the deceased alive on DECEMBER 18 19 87, and that in (my) (pw) apprian death accurred on the date and have and from the causes stated										
-	OR AT The hosp Diffic Dept Dept		obove, (I) (we) (did not) view the body ofter death. 22b. SIGNATURE DEGREE 22c. DATE SIGNED										
			Jough D. Notorougels M.D. ATTENDING MEDICAL STAFF 12-2487										
	HOSFITAL med by the FUNERAL uld be det the Stote ORTANT	T	220 PHYSICIAN'S NAME (TYPE	220 PHYSICIAN'S NAME (TYPE OR PRINT) 220 ADDRESS									
	trined O FUN hould b	1	JOSEPH D. NOTARANGELD M.D. 301 ST. PAUL PLACE. BALTIMORE MA										
	# 1 57 1 5	23	BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE						
	BP	L	BURIAL		RBUTUS MEMORIAL PAR	RK BALTIMORE, CO.,	MARYLAND						
	DHMH - 16 60M 7/84 (VRA 15, 4)	24	NOTE TO CHANNE FA	HOMES INC. ADDRESS S PKWY. BALLIMORE	- MD 21216 DEC	LE REC'D. BY REGISTRAR 236 REGISTR	ARSSIGNATURE						

Name and Administration of the American State of the American Stat

Assessment of the second

Till man a same

75640 DEC	21	FOR STATE FEGISTRAR				CERTIF	OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	8 7	REG.	5	5	2
be coth		OR 80m (1)	lvin	Carl Reed			20 DATE OF DE	ATH MO	NIH DA	_	2b. HOUR	
Page 4 may be director. page 3 nours after death	3. SE	Male	4.	4. RACE Black		5. DATE OF BIRTH		6 AGE (IN YEAR)	S LAST BIRTHD	AY) IF	UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
oth.		RTHPLACE ISTATE OR FOR	REIGN 76		WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED	Baltimore City or County of DEATH Caltimore City				WE
s ofter de by the fun high within		altimore	Н	I. NAME OF	HOSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	176 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)		126 KIND C INDUSTRY	F BUSINESS OR	
24 hour could be freely the	USU 13a	AL RESIDENCE (IF NURSING STATE Md.	GHOME OF O	THER INSTITUTION Y	GIVE RESIDENCE BEFORE	D .	13d INSIDE CITY LIMITS?	13. STREET ADD	ORESS / Z	P CODE S	venu	
ed within lerely ord 1 st		Samuel Samuel	MI	Re'ë'der			15. MOTHER'S MAIDEN N. LOLA		WIDDLE		Hawi	kins
n and to		WAS DECEASED EVER IN		ED FORCES? WAR OR DATES)	215-30-		17 INFORMANT Mrs. Lola	Reeder	ADDRESS		yle	Avenue
that the death certificate by the ottending physician tase remove carbon popers. I, cremation, or removal.		Conditions, if ony, gove rise to imme couse (a), stating underlying couse	S CAUSED MMEDIATE which	DUE TO, O	R AS A CONSEQUE	NCE OF	Lenselub	i Cond	nder Die	eln sell	BETWEEN	MATE INTERVAL OMSET AND DEATH
equires the signed by Then pleas to burial, injury, ar a	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0										
The low re- ricion. The hos been asit permit. I rigiene prior	CERTIFICATION	190 DATE OF OPERATION 196 CONI			DITION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY? 200 IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF YES NO				
G PHYSICIAN: The attending physicion er this certificate h si the buriol-transit prond Mental Hygier ked or frem 18 should	MEDICAL CER	210. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA 21d INJURY OCCURRE WHILE NOT WHILL AT WORK AT WORK	USE OF DEATH	P. 21e PLACE	OF INJURY .M. MONTH DA .M. OF INJURY REET FACTORY, OFFICE, F	19	211. HOW INJURY OCCU		E OF INJURY IF		COUNTY	STATE
attenbin spital or of CTOR. Aft for use or of Health		22a. I certify that (I) (this haspital) attended the deceased from 19 19 10 that (I) (we) last saw the deceased alive an 19 19 10 only (aur) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.										
by the hos by the hos leRal DIREC Stote Dept.		276. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHY								SIGNED		
TO HOSPITAL etained by H TO FUNERAL should be der with the Store	220			,	shows	1		Sarti	son	Ru	1	

236 NAME OF CEMETERY OR CREMATORY

Eastview Mem.Bark

BP. DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR Chatman-Harris FA 1701 McCulloh Street

23b. DATE

230 BURIAL, CREMATION, REMOVAL

Burial

12/17/87

PATORY 23d LOCATION CITY OF TOWN Bark Baltimore City, Md

PROTE REC'D. BY REGISTRAR 23D REGISTRAR 5 SIGNATURE

18 1987; July Dodgen Lander

Md.

DIPPEL FUNERAL HOME, INC.

Baltimore, MD 21206

La hardeoninada

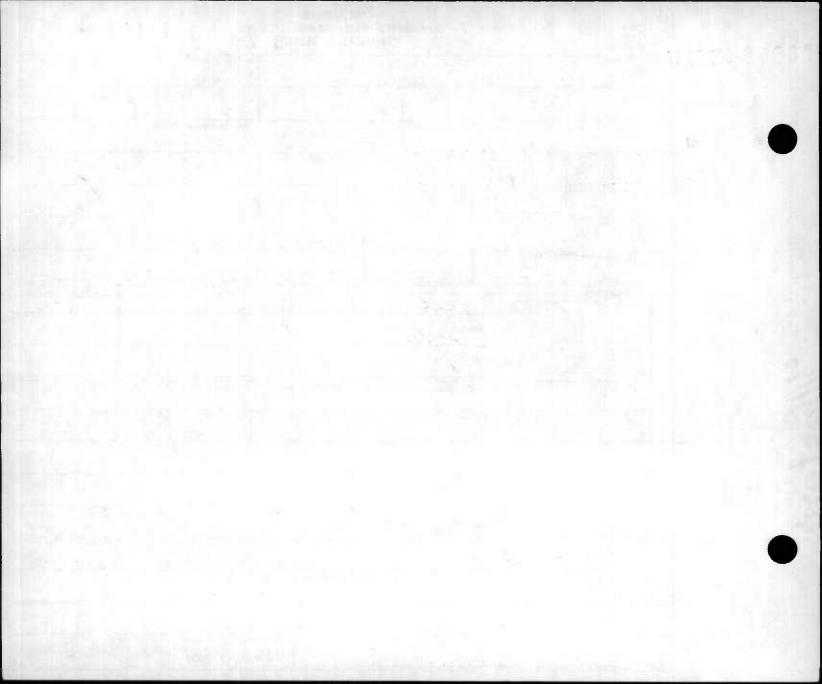
24 FUNERAL DIRECTOR

7110 Belair Road

DHMH - 16 50M 1/BI

(VRA 15, 4)

STATE OF MARYLAND



1 - STATE

STATE OF MARYLAND DEP ENE

ARTMENT	0F	HEA	LTH	AND	MENTAL	HYGI
CEI	DTI	FIC	ATE	OF	DEATH	4.9

REGISTRAR			CERTI	ICAIL OI D	5	REGIN	10.13	C.	7
DECEASED NAME (TYPE OR PRINT) KENN		WIDDLE	REIL	HARD	T	20. DATE OF DEATH		O 87	10:05 am
3. SEX	4 RACE White		5. DATE C		44	6. AGE IIN YEARS LAST BI	YRS.	IF UNDER I YEAR	
70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76. CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER A	AARRIED SK	Baltimore city of Baltimor			MD
n city or town of DEATH Baltimore	Good S	Hospital, nursing Heacility, give street a Samaritan	Hosp.		TITUTION	128. USUAL OCCUPAT (TYPE OF WORK FOR MOST) Auto Parts	OF WORKING LIFE	INDUSTRY	of Business or Ponitac
USUAL RESIDENCE (IF NURSING HOME 130. STATE Maryland Bal	or other institution unity timore	GIVE RESIDENCE BEFORE		13d. INSIDE C	ITY LIMITS?	13e STREET ADDRESS 4854 Haz		LAve.	21.206
ATHER'S NAME FIRST John	WIDDLE	Reinha	ardt		MAIDEN NA/	WE		LA	siess
(YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? GIVE WAR OR DATES)	212-42-4		17. INFORMA Lydia		ardt 4854 H			
CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMMED	ISED BY: IATE CAUSE (a)	RESPIRAT	TORY	ARR	EST			BETWEEN	XIMATÉ INTERVAL L'ONSET AND DEATH
Canditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.	(b)_	R AS A CONSEQUE	DEN	CARC	NOM	Α			
PART 2 OTHER SIGNIFICAN SEVERE	NAU SE			HITING	TO THE TERM	INAL DISEASE OR CON	DITION GIVE	EN IN PART 1	a
SEVERE 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	RMED	20a AUTOPSY? YES NO	IN CERTIFY	, WERE FINDI YING CAUSES	NGS USED S OF DEATH?
710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CHERT NOTIFY MEDICAL EXAMI	DEATH HOUR A. NER) P. 21e. PLACE	m. month da m.	Y YEAR 19	21c. HOW IN		RED (ENTER NATURE OF INJU		COUNTY	STATE
270. I certify that M (this has saw the deceased alive	spital) attended th	e deceased from	Dec	22 nd that in (my)	., 19 <u>33</u>	to Dec	30, late and hour	-	that (II (ve) last
obave, (1) (July) (did) (did) (did) (22b. SIGNATURE		atter death.		DEGREE	TTENDING PHYSICIAN [MEDICAL STA	FF CIAN X	22c. DATE	E SIGNED
JAN- PIER		SA		27e ADDRES	S CSH	5601	WIH	RAVE	o suro
230 BURIAL, CREMATION, REMOV	23b. DATE 1-2-8			EMETERY OR C		23d. LOCATION CITY OR TOWN	Ba	ltThor	e, Mdiate

750. DATE REC'D. BY REGISTRAR 75b. REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84

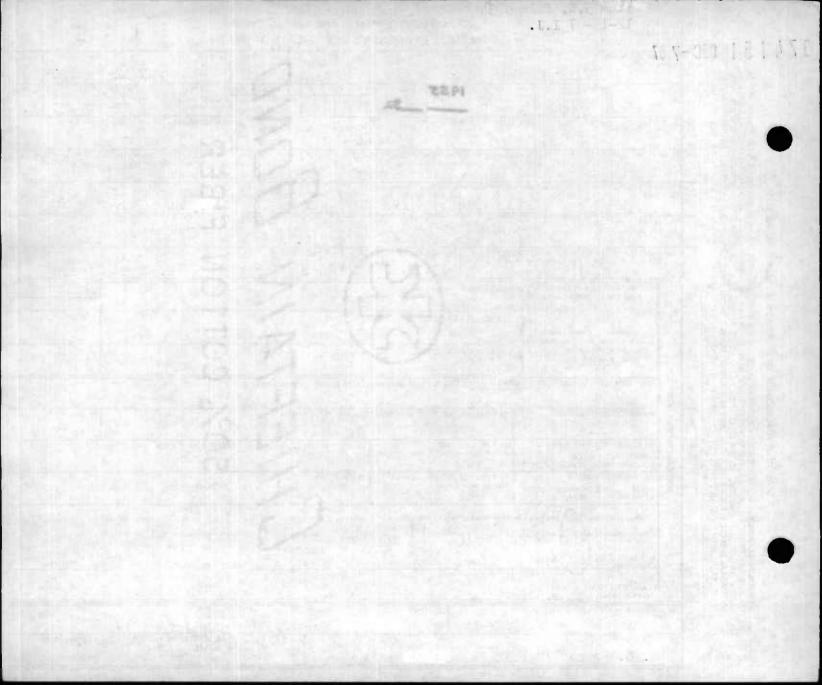
BP.

(VRA 15, 4)

Burial
24 FUNERAL DIRECTOR
NAME

ASHET SEE DE AND	Talaha day		
	the as no		
and the latest of the		to lead to	
			Total Land
	sing the distance		
A L. Company and I L. A. S.	and 1 1 1 0 1 0 1 - 1 - 21		
	Tease ractables		
	AND WATER AND AND		ava.
2613: × 2			
O UN POWAR HIGH TONG	Manager A	F 4 5909	9 MANUE
iew y Francisco	Containe area nomes	Le-1-2	
nor h			

					item	5,6	, fil	lm G63	4	STA	TE OF A	ARYLAN	D						
				1-	FOR 12-1	5-87	I.J	•		EPARTMENT OF		AND ME	NTAL HYGIE	NE	-		5 5		
7	1 1	5 1 DE	7	7 0	REGISTRAR				MED	ICAL EXAMIN	IER'S	CERTIFIC	ATB OF DE	ATH 5	REG. N	10.	2 2		
'	T 4		٠.	(TYPI	EASED NAME		FIRST			MIDDLE		LAST		OF	ECTI	MONTH			h HOUR
		PLEASE DI ECTOR. OUR FILES. HOURS					arrie			1.		nolds	1 3		MATED >	X 12-			M
		A DE SE		SEX		I. RACE		S DATE OF E	DAY	9 55 6. AGE (IN YE	1.171		HOURS MIN	PRONOUN	ICED	MONTH		YEAR 2	3:53
		NOT	-	d	emale	bla		2 2 7h CITIZENI		1952 35 37	RS.			DEAD		12-	19 TY OF DEAT	8/	р. м
4		日本の手作	3		REIGN COUNTRY)	TE OR	Md	US		AT COUNTRY?	MARR		ER MARRIED			_		п	
1		を	1	10. CI	Y OR TOWN C	F DEATH		II. NAME O	F HOSP	ITAL, NURSING HOM			DIVORCED L	SUAL OCCU	PATION IT	e Cit	12b KIND C	F BUSIN	MD.
1	1	STATE OF THE PARTY	4		Baltimo		= 1	924	N.	Mount Str Mount Str	eet.		FC	Disab	KING LIFE		OR IND	USTRY	
X	21201	A SAN SAN	5	JSUA 30 S1			NG HOME OR		ION, GIVE	RESIDENCE BEFORE ADMISS 13c. CITY OR TOWN Baltimore	ON)	13d. INSIDE CIT YES XX	17 LIMITS? 13e. S	TREET ADDRE	ss Mount	Stre	et 21	217	
	WD.	T-SON	FI	4 FA	THER'S NAME			WIDDLE		LAST		F16	R'S MAIDEN NAM	ME	IDDLE		LAST		
	JAE.	4 50 X X	4		Willie					Brooks		Bert		_1,_1			Lewis	5	
	FIME	E STOR	1	16a V	AS DECEASED	EVER IN	U.S. ARM FYES, GIVE W	ED FORCES?		16b. SOCIAL SECURIT		17 INFORM			ADDRES				
	3	SE FEE	/		No					212-60-82	49	Berth	na Brooks	s 92	4 N.	Mount	Stree		
	21	0.024			PARTIDEA	DEATH ((Enter only CAUSED	ane cause p BY:		or (a), (b), and (c).)	rdor						BETWEEN	ONSET AN	ND DEATH
	NO	THE SHAPE				IA	MMEDIATE	CAUSE (o)		izure Diso								_	
	RESI	NET STATES			Conditions	, if any	, which	DOE	O, OK A	S A CONSEQUENCE	Or								
	W. P	AINE AINE AINE AIAINE	4	lя	gave rise cause (a) s			(b).	O OR A	S A CONSEQUENCE	OF		7 7 7 7				1		
	201	NA A A		н	lying cous				,	or consequence									
		ULD BE EXECUTED WITHIN "PENDING" IN PENDING" IN PENDING F. MEDICAL EXAMINER PED AS A BURIAL - TRANS HEALTH AND MENTAL HEALTH AND MENTAL HIS OF PENDING FOR PENDING			PART 2 OTHER SIG	NIFICANT CO	ONDITIONS CO	DHIRIBUTING TO	DEATH BI	IT NOT RELATED TO THE TERM	IINAL DISEAS	E OB CONDITION	GIVEN IN PART 1 10						
	0	MEDING MEDING MEDICA AS A BI EALTH A		ON															
	OF VITAL RECORDS,			CERTIFICATION	190 DATE OF	OPERATION	ON	19b C	ONDITI	ON FOR WHICH OPER	N MOITA	AS PERFORA	AED?				20 AUTO	PSY?	
	VII	WORD WORD WORD WORD WORD WORD WORD		RTIE	210 EXTERNAL	CALLEE	VA/A C	216. 70	ME OF	IN LIE OF THE STATE OF THE STAT	Lat.						YES]	XX	NO 🗆
	107	A H D A C	3	I CE	UNDERLYING CONTRIBUTION					MONTH DAY YEAR	21c H	OW INJURY	OCCURRED (ENTE	ER NATURE OF INJ	URY IN ITEM 1	8 PART 1 OR PA	RT 2}		
	DIVISION	ERTIFING TO		MEDICAL	CONTRIBUTIN				P.M.	FINJURY (ATHOME,	216 10	CATION							
	DIV	WARDED WARDED PAGE 3		ME	WHILE AT WORK			STRE	ET, FACTO	RY, FARM, ETC.)		STREET		CITY OR TO	WN	co	UNTY		STATE
				H		1	20	New Printers	007.0			XX V							
		L EXAMINER: 1 E CERTIFICATE, DULD BE FORV IL DIRECTOR: PH, WITH THE ST			220 I certify	1	of thorpe	of the remot	on these	d obove, held on	Autop		Inspection	Inquiry		ind in my of	noinion		
		EXAMINE CERTIFICA JUD BE FO DIRECTOI WITH THI			death resulted	traffi	Biolete	()	1/6	Accident, Su	rcide	, Homici		letermined mo	nner	,			
		A.V.			ACTUAL SIGNATURE_		Sul	1.	KU			ASSIS	rtant	EDICAL EXAM	INIED	DATE	12-3	3-87	,
		SEAT STATE	7	-				1	1			<u> </u>		DICAL EXAM	IINEK	SIGNE	U		
		TO MEDICAL EXAMINICE EXECUTE THE CERTIFIC PAGE 4 SHOULD BE F TO FUNERAL DIRECT AFTER DEATH, WITH THE BALLIMORE MARYLAND	1		EXAMINER'S N (TYPE OR PRIN		Char	les P.	Ko	kes, M.D.		ADDRESS	111 Pen	n St.,	Balt	O., M	id. 21	L201	
		5 A S S S S S S S S S S S S S S S S S S		230.BL	RIAL, CREMAT	ON, REN	AOVAL 23			23c. NAME OF CE				LOCATION		COU	NTY	STATE	
	7/84 5M	BP			Buria]		12/5/	87	King Me	moria	1 Park	DEO	Randal		n		Md	
	JIVI	DHMH - 17			M. C. M		- C /!!	II. A	DDRESS			2	OF REPORT	4 1987	R ZSO BEC	SISTEM SE	RATIONAL	OAU.	
		(VR A15 ME (5)))	N	III. U. IV	idr'Ch	I F/H	west	430	0 Wabash	Ave	nue							



FOR

REGISTRAR PECEASED NAME

INTERALIDIRECTOR

DHMH - 16 60M 7/84

(VRA 15, 4)

FIRST

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

20. DATE OF DEATH

MONTH

26 HOUR 40

IF UNDER 24 HRS

IF UNDER I YEAR

126 KIND OF BUSINESS

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO F

STATE

206. IF YES, WERE FINDINGS LISED

COUNTY

BAUTIMONE

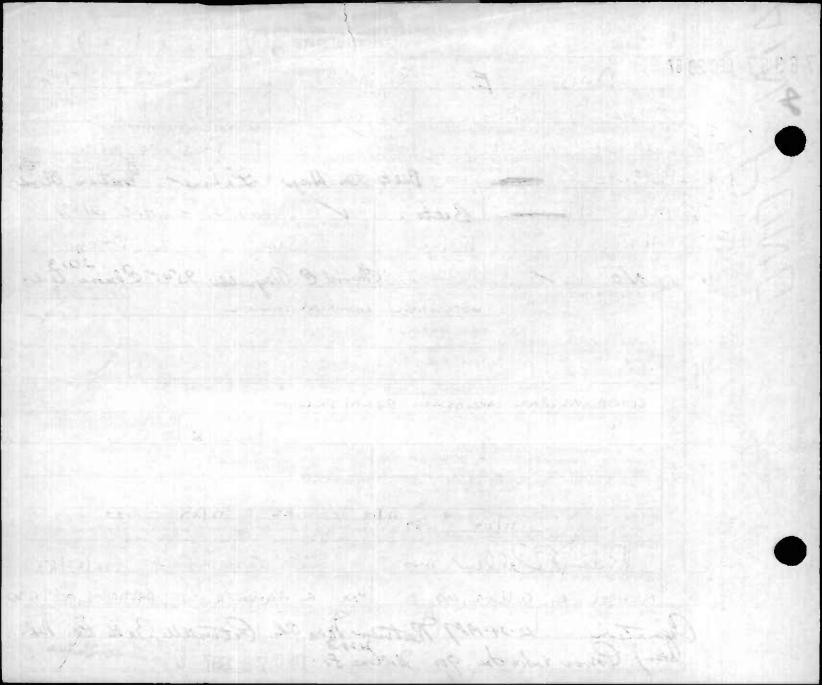
REGISTRAR 256 REGISTRAR'S SIGNATURE

Lia Disorder

226 DATE SIGNED

IN CERTIFYING CAUSES OF DEATH?

LAST



DOMESTIC CONTROL TO STATE

Dec. 1 of the let set the let the let set the let the

TO THE RESERVE THE THE PROPERTY OF THE PROPERT

STATE OF MARYLAND

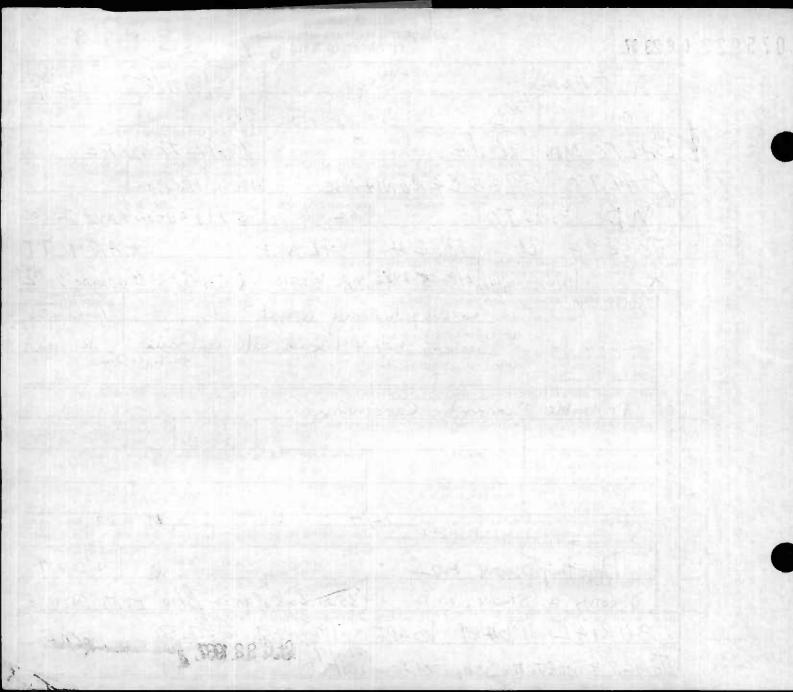
. 7	Em.	1	long	- 5
REG NO.	-3	8	4	**

2	D	0 2	FOR SAFT REGISTRAR	DEPARTMI		EALTH AND MENTAL HYG	IENE REG. NO	5 1 5	8
		1. DEC	CEASED NAME THOM	₩IDDLE S	Ri	ast Ch	20 DATE OF DEATH	9/87 YEAR	3 39pm
	4	3. SE)	'm	RACE 2	S. DATE C	BIRTH YEAR	6. AGE (IN YEARS LAST BIRT	HDAY] IF UNDER TYEAR MONTHS DAYS	
1	b	B	ALTO MD.		WIDOWE		9. BALTIMORE CITY O	TIMORE	MD.
		1	BALTO	1. NAME OF HOSPITAL, NURSING	DORESS)	A KE	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF HOUSE KE		OF BUSINESS OR
er must 6	6	13a. S	ND BA	TTO ITE. CITY OR TOWN		13d INSIDE CITY LIMITS? YES HO 🗆		ZIP CODE LDON) PAVE	121206
exomine	100	Ĭ	TOSEPH	2 RIC	4	A FIRST IN A	ME MIDDLE ADDRE	BAR	HETT
e medico	1	160 V	VAS DECEASED EVER IN U.S. ARA (15 NO OR UNKNOWN) (15 YES, GIVE	NED FORCES? 166 SOCIAL SECUR 2-11/1945 218-05.3	1486	MRS JESSIE	LRICH5%	733 CedONII	+AVE HET
event, th		V	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE		1	nary arres	H	SET WEET	minutes
ather traumotic			Conditions, if ony, which gove rise to immediate cause [o], stating the underlying couse last.	DUE TO, OR AS A CONSEQUEN (b) 15 Chemic DUE TO, OR AS A CONSEQUEN	hea	rt disease u	inth Ventri	cular 1 uchycordia	O years
injury, or		NOI	PART 2 OTHER SIGNIFICANT CO	Pancreatic C	- 1	NOT RELATED TO THE TERM	INAŁ DISEASE OR CONE	DITION GIVEN IN PART I	10
owsony	9	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH C			200 AUTOPSY?	206 IF YES, WERE FIND IN CERTIFYING CAUSE YES	
tem 18 sh	7		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH DAY P.M.	YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR	Y IN ITEM TS. PART 1 OR PART 2)	
rkedor		MEDICAL	21d INJURY OCCURRED WHITE ON OT WHITE OF AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FAR	RM, ETC)	211 LOCATION STREET	CHYORTO	vn county	STATE
121 is mo			22a.1 certify that (1) (this hospite saw the deceased alive an above, (1) (we) (did hat	14/18/83	., L	d that in (my) (our) opinion o	death occurred on the do	/	, that (II (we) last e couses stated
LT: If hen			Down this	Show me			MEDICAL STAF	F @ 17/	E SIGNED
MPORTANT			DOROTHY A.	SNOW, M.D.		3900 Lal	Rover B1	ro Botto	M021218
1			SURIAL, CREMATION, REMOVAL	122481 6t	ARR	EMETERY OR CREMATORY ISOUFORES	23d LOCATION	TO COURT	MB
7/84			INERAL DIRECTOR	ADDRESS	,	21217	44 957.2	William Control	Listina

DHMH - 16 60M 7/84

BP.

TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physicion and should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages with the State Dept of Health and Mental Hygiene prior to burial, cremation, or remaval.



or other troumotic

18 shows

MPORTANT: If them 21 is morked or them

CERTIFICATION

MEDICAL

page 3

FOR - STATE S REGISTRAR I DECEASED NAME

7a. BIRTHPLACE

13a. STATE

MD 14. FATHER'S NAME Henry

THE NO DE UNKNOWN

Maryland 10 CITY OR TOWN OF DEATH Baltimore

USUAL RESIDENCE LIF NURSING HOME OR OTH

160. WAS DECEASED EVER IN U.S. ARMEI

Conditions, if any, which gave rise to immediate cause 101, stating the underlying cause last. PART 2. OTHER SIGNIFICANT CON

21d. INJURY OCCURRED

24 FUNERAL DIRECTOR

CAUSE OF DEATH (Enter only o PART I. DEATH WAS CAUSED BY

3. SEX

THONY

13b. COUNTY

(IF YES, GIVE WA

IMMEDIATE C

	TATE OF MARYLAND		
	OF HEALTH AND MENTAL HYG TIFICATE OF DEATH	REG.NO. 5	5 9
WIOOFE	LAST	20. DATE OF DEATH MONTH OAT	YEAR 25 HOUR
Andrew P	ICHARMSON	12/	O FT GOV PM
	TE OF BIRTH ONTH DAY YEAR 2 10		UNDER I YEAR IF UNDER 24 HRS. NIHS DAYS HOURS MIN.
USI> WIDO	RRIED NEVER MARRIED DWED DIVORCED	PBALTIMORE CITY OR COUNTY O	F DEATH MD.
. 91301	irn	12d USUAL OCCUPATION TYPE OF WORKER FOR MOST OF WORKING LIFE)	126 KIND OF BUSINESS OR INDUSTRY
er institution, give residence before admiss 13c. GTY OR TOWN Dattmore	13d. INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIP CODE 3722 Hudson Stre	et 212242
A. Zapohowski	15. MOTHER'S MAIDEN NAME Stephanie		zynski
PROPRIES 166. SOCIAL SECURITY N 214-26-8		Edwards 652 Kingst	ion Rd. 21220
ne cause per line far (a), (b), and (c), (f) AUSE (a) CARDIO R	L MUMARY	PRREST.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DUE TO, OR AS A CONSEQUENCE CONSEQUENCE CONSEQUENCE		ppe vespiratory	10 days
DUE TO, OR AS A CONSEQUENCE (2'S DIVEASE		5 yrs
		INAL DISEASE OR CONDITION GIVEN	1
196 CONDITION FOR WHICH OPERA	TUS CONTION WAS PERFORMED	20a AUTOPSY? 20b. IF YES, V	VERE FINDINGS USED NG CAUSES OF DEATH?
	21c. HOW INJURY OCCURE 19	RED (ENTER NATURE OF INJURY IN ITEM 18 PART	I OR PART ?]
21e PLACE OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY STATE

21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING T CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from 7, that (I) (we) last

12/10 E. And that in (my)(aur) opinian death accurred an the date and have and Iram the causes stated

77b SIGNATOR DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN

22e ADDRESS

23a. BURIAL CREMATION REMOVAL 23b. DATE Westview Memorial remation

hartes S. Zeiler & Son Inc. 901 S. Conkling St ULU

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

07.00 = 10.1501

					1.
			からど下さ		
	5-1		e - 1.		20 1
	Texa				de la la
Engineer.	- A-				
\ .		X			45 0 64
		-3-47	Lawarous L	11	
		Mayor.			

Junea . cien on ne. 910, pricio

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 074936 DEC 1418 TTATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-TO THE FUNERAL DIRECTOR.

1 PAGE 5 FOR YOUR FILES.

SE FILED WITHIN 72 HOURS

201 W, PRESTON STREET, Donald Lee Eugene Richardson 8/ 1981 DEATH MATED DATE OF BIRTH 12:50 4. RACE 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. DATE 1AST BIRTHDAY) PRONOUNCED Male White 12/12/37 49 1987 O BIRTHPLACE (STATE OR Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED & FOREIGN COUNTRY) Maryland U.S.A. Baltimore City, ID. CITY OR TOWN OF DEATH 20 USUAL OCCUPATION (TYPE OF WORK 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS Apt Complex Utility work Baltimore South Baltimore General Hospital UAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Glen Burnie 13. SIREET ADDRESS. 126 Warwickshire Lane 21061 Md YES NO. Anne Arundel A FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST Evelyn Walter Richardson Choate 166 SOCIAL SECURITY NO. 7 INFORMANT 700 Old Church Drive 21085 [YES, NO, OR UNKNOWN] 220 36 4901 Albert Ches No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM I PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG TO FUNCTION BE A BALBIAL - TRANSIT HERM AFTER DEATH WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIERE BALTIMORE, MARTHAND 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL PART I DEATH WAS CAUSED BY Multiple Injuries IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2). UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY 11:52PM 12/7/ subject pedestrian struck by auto 21f. LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY AT WORK AT WORLE STREET, FACTORY, FARM, ETC.1 Anne Arundel Co., Md. roadway 6600 Blk. Ritchie Hywy., Autopsy X 220 I certify that Mook charge of the remains described above, held an Inspection and in my apinion Undetermined manner death resulted from Natural causes Hamicide ACTUAL Assistant MEDICAL EXAMINER 12/8/87 SIGNATURE M.D. EXAMINER'S NAME Dennis F. Smyth, M.D. Penn St., Balto., Md. (TYPE OR PRINT) ADDRESS_ 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION Buria! Evergreen Memorial Park Finksburg, Carroll Co. 12/11/87 07/84 24 FUNERAL DIRECTOR

Burgee-Henss Funeral Home, 3631 Falls Rd 21211

DHMH - 17

(VR A15 ME (5))

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH DEC 3 REGISTRAR 1. DECEASED NAME MIDDLE LAST 2a. DATE OF DEATH MONTH 26 HOUR oge 3 LITYPE OR PRINTS OSEDY ofter d IF UNDER I YEAR 6. AGE LIN YEARS LAST BIRTHDAY! IF UNDER 24 HRS 3. SEX 4. RACE 5 DATE OF BIRTH YEAR MONTH DAY 5 12 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED W NEVER MARRIED COUNTRY BALTIMORE CITY WIDOWED DIVORCED 126 KIND OF BUSINESS OR III. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION I IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS! (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY RETTRED AGNES HOSPITAL py BALTITMORE USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 21229 pe 13a. STATE 136. COUNTY 620 N. AUGUSTA AVENUE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? TO BALTIMORE NO MD 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME FIRST MIDDLE MIDDLE DM15e ADDRESS 17 INFORMANT 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO puo Poge LIF YES, GIVE WAR OR DATES! medi 620 N. Augu APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). phys PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) 5 DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a), stating DUE TO, OR AS A CONSEQUENCE OF to underlying cause last à a PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 2 bee 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED à IN CERTIFYING CAUSES OF DEATH? hos per NO [of o physicio burial-transit Hygi 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF PHYSICIAN: 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH entol MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION ž 21d INJURY OCCURRED 21e. PLACE OF INJURY Ö COUNTY STATE CITY OF TOWN STREET the puo AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) orked NOT WHILE AT WORK 220.1 certify that (1) (this hospital) attended the deceased from ____, that (I) (we) last 19. _. ta_

BP DHMH - 16 50M 1/81 (VRA 15, 4)

FUNERAL HOSPITAL

should be detached with the State Dept.

4

MPORTANT:

23ª BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) Buria

saw the deceased alive on_

226. SIGNATURE

231 NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery

22e, ADDRESS

DEGREE

ATTENDING

PHYSICIAN

23d LOCATION Anne Arundel

STAFF

, and that in (my) (aur) opinion death accurred on the date and hour and from the causes stated

DIRECTOR PHYSICIAN

MEDICAL

22c DATE SIGNED

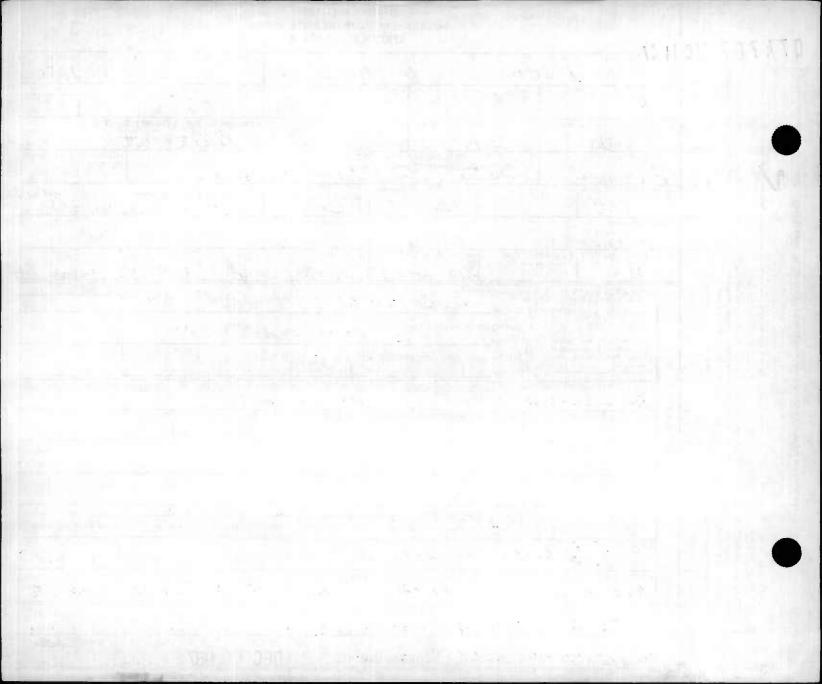
24 FUNERAL DIRECTOR Wm. ºc. March F/H West 4300 Wabash Avenue

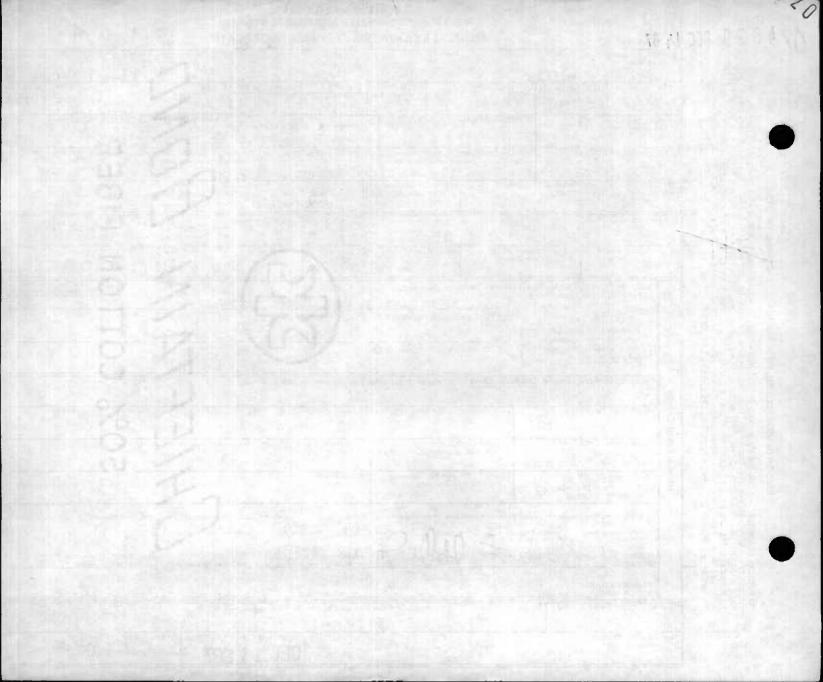
abave, (1) (we) (did) (did not) view the body after death

256-REGISTRAR'S SIGNATURE

0	7	4	7	0	7	DE
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	1	AND MODITAL OF ATTENDING BUYGLIAM TANK THE AND A SAND AND AND AND AND AND AND AND AND AND	reformed by the hospital or attending physician.	TO FUNERAL DIRECTOR After this certificate has been signed by the ottending physician and Completely filled in by the funeral director page 3	should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 8 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.	IMPORTANT: The em 21 is marked or them 18 stows any injury, or other traumatic event, the medical examines must be multiped at orce.

				STATEO	FMARYLAND			
	1	FOR	DEP	ARTMENT OF HEA	LTH AND MENTAL	L HY GIENE	2 200	1 6 3
1. 7 0 7 050	-	REGISTRAR		CERTIFIC	ATE OF DEATH	8 7	2000	3 0 0
4 / U / DEC!	I DE	EASED NAME FIRST	WIDDLE	TZAI		20 DATE C	REG. NO	DAY YEAR 26 HOUR
e 6 E		00.004.11		0121	100750			60
oy be age 3 deoth		VIOC	7	10101	42D500		12	28/1/30 N
bd e' o	3. SE	4	RACE	5. DATE OF E			YEARS LAST BIRTHDAY	IF UNDER LYEAR IF UNDER 24 HRS
4 00		F	13 1/	HINOM	DAY YEAR		65	MONTHS DAYS HOURS MIN.
ogo ours ours	7 01	21101465		12	- 12 2		YRS	
2 hd		RTHPLACE (STATE OR FOREIGN 7)	CITIZEN OF WHAT COUN	MARRIED C	NEVER MARRIED	BALTIM	ORE CITY OR COUN	IT OF DEATH
nero na 7		Va.	USA	WIDOWED		_ /4	Parti (ME
b the	10 CI	TY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NU		OTHER INSTITUTION		LOCCUPATION	126 KIND OF BUSINESS OR
者 号 值	V	2011	1 (IF NOT IN SUCH FACILITY GIVES	TREET ADDRESS	(165	. 11	ORK FOR MOST OF WORKING	LIFE) INDUSTRY
\$ 2 E	43601	AL RESIDENCE (IF NURSING HOME OF O	raner	1 reales		Hou	sewite	
od de		TATE 136 COUNT			INSIDE CITY LIMI	TS? 13e STREET	ADDRESS / ZIP CO	DE 2121
filled ould	2	mo	BALL	70. Y	ES NO	213	7 N. S	mallwood 5+.
thin sh	14 FA	THER'S NAME		15	MOTHER'S MAIDE	NNAME		
No See .		E FIRST MI	DDIE	4	1 FIRST		WIDDLE	LAST
3 5 6 5		rreddie	1110	AFGO	HIERS	e-		
0 00		VAS DECEASED EVER IN U.S. ARM JES NO OR UNKNOWN) (IF YES GIVE	ED FORCES? 166 SOCIALS	SECURATY NO. 17	INFORMANT	0 1	ADDRESS	,
B B B	, '	NO	212-4	4-8387	Shirley	Bound	1617	W. Lanuale S.
e 6 6 6 6		18 CAUSE OF DEATH (Enter only	en save per les for les (h) and (c)	7	1	1011	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
hys oop ovo		PART I. DEATH WAS CAUSED	BY DE	PIRAT	TRY ,	ARRIF	-SI De1	BRI WEEN ONSE I AND DEATH
eve eve	-	IMMEDIATE	CAUSE (o)	o rent	0,- ,		0 4	
h ce or or	/	1(2)	DUE TO, OR AS A CONS	EQUENCE OF	1000-	2 2	1 1/	
on.		Conditions, if ony, which	(16)	70 %	18 PIN	14/1	0 /0	
mon mot		gave rise to immediate) 10)					
the cree	11.0	cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSI	EQUENCE OF	VA			
the d b leos			((c)		- /			
gne n p bur	_	PART 2 OTHER SIGNIFICANT CO	INDITIONS CONTRIBUTING	TO DEATH BUT NO	T RELATED TO THE	TERMINAL DISEA	SE OR CONDITION C	SIVEN IN PART 1:0
equeque rate of the second rate	CERTIFICATION	Deabeles	e " (1/1	', \	De cu	-127 TL		
bee mit	AT	190 DATE OF OPERATION	196. CONDITION FOR WI	HICH OPERATION V	WAS PERFORMED	20a AU1	OPSY? 206. IF Y	YES, WERE FINDINGS USED
o . o o	F					VEC 🖂		TIFYING CAUSES OF DEATH? YES \(\bigcap \) NO \(\bigcap \)
The Cion	E L		TAIL THE OF BUILDIN	12	1. HOW BUILDING	YES .	- 425	
hysi 18 18		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216 TIME OF INJURY HOUR A.M. MONTH		IC HOW INJURY OF	CCURRED (ENTERN	NATURE OF INJURY IN ITEM I	8 PARI I OR PARI 2)
O d and of the	¥	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19				
ding con the	MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY		II LOCATION			COUNTY STATE
the the	ž	WHILE NOT WHILE AT WORK	(AT HOME STREET FACTORY OF	FICE, FARM, ETC)	STREET		CITY OR TOWN	COUNTY STATE
Sork Fork				101		27	12/5	- f 7
T - S - S - S - S - S - S - S - S - S -	5	220. I certify that (I) (this hospital	1) ottended the deceosed fr			0 /, to	1-10	, 19, that (I) (we) lost
TT of	Α.	saw the deceased alive on above. (1) (we) taid) (did not	view the bady after death.	19, and 1	hat in (my) (our) op	oinian death occur	red on the date and h	sour and from the causes stated
OR A he hos DIREC oched oched		226. SIGNATURE	. 0	DE	GREE	5=71105	100 Aug 11 11 11 11 11 11 11 11 11 11 11 11 11	22¢ DATE SIGNED
Too of		Adulta	In wa	uto d	ATTENDI			7 12/2/47
by by by ERA		224 PHYSICIAN'S NAME (TYPE OR		12	Ze ADDRESS	IAN DIRECTO	R -PHYSICIAN	
		128 PHISICIAIN STVAME (TIPEOR		Ton "	ADDRESS	254	1100	1 GA FA
0 0 0 = 0		AMBA CHEC	I Work	11	6-1863	-1//	EUICA	L CENTER
0 g 0 d 3 A	23a E	URIAL, CREMATION, REMOVAL	23b DATE	230 NAME OF CEM	NETERY OR CREMAT	ORY 123d LOC	CATION	
DD.		Burial	The state of the s			CI	TY OR TOWN	COUNTY STATE
BP	24.5		12/10/87	Edstview	Cemetery	l Ba	ltimore	Md Md
DHMH - 16 60M 7/84	74 FL	UNERAL DIRECTOR	A A A A A A A A A A A A A A A A A A A	ESS 4 a			REGISTRAR 256 REG	ISTRAR'S SIGNATURE
(VRA 15, 4)		Wm. C. March F/H	West 4300 W	abash Ave	nue-	DEC 10	1987 L	





STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME MIDDLE 20. DATE OF DEATH MONTH 25 HOUR LIVPE OR PRINTS awrence 3 SEX 5. DATE OF BIRTH IF UNDER I YEAR MONTH VEAR BALTIMORE CITY OR COUNTY OF DEATH / STATE OR FORFIGN MARRIED 1 NEVER MARRIED USUAL RESIDENCE HENURSING OME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 4 FATHERS NAME MIDDLE ADDRESS BALTIMORE, MO. 17 INFORMANT 140 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. PATRICIA RICHIE 1623 INGRAM RD. 21239 APPROXIMATE INTERVAL EVCAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Canditians, if any, which gove rise to immediate cause (a), stating the underlying cause last TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES | NO F 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH OR CONTRIBUTING CAUSE OF DEATH DAY YEAR MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION CITY OR TOWN AT HOME STREET, FACTORY, OFFICE, FARM, ETC 1 WHILE NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from, saw the deceased glive an above, (1) (we) (fid) (did not) view the body after death. and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR | PHYSICIAN 22e ADDRESS 23a BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OF TOWN OLIVE BRANCH BAPT, CH DINWIDDIE 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

GWYNNS FALLS PKWY, BALTO, MO. 21216

DHMH - 16 50M 1/BI (VRA 15, 4)

BP.

ld be deto

MPORTANT.

es that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN, The retained by the hospital as attending

BP.

DHMH - 16 50M 1/BI (VRA 15, 4)

07688

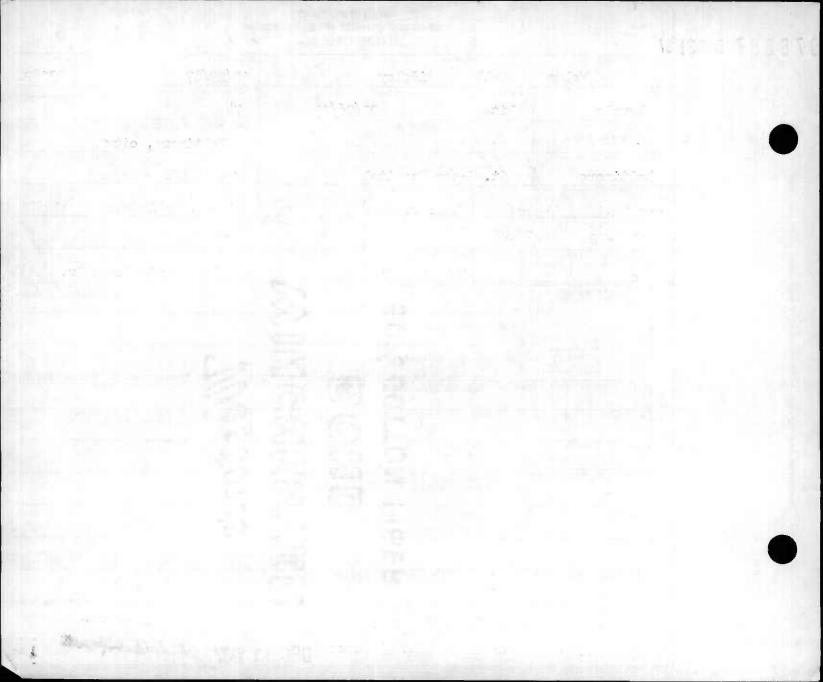
may be

24 hours after death. Page 4

STATE OF MARYLAND

5	6	6

318	} -	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HYG	IENE 7	3 5	1 6	6
		EASED NAME FIRST DR PRINT) Velma	Dell	D:do		AST	20. DATE OF DEATH	MONTH DA	AY YEAR	26 HOUR
	SEX	Aerma	1 RACE	Ridg	Ley 5. DATE (Oc OINTLE	12/29/87	INTURAY!	IF UNDER 1 YEAR	0318P
3.	SEV	Female	White			2/06/13 YEAR	74		ONTHS DAYS	HOURS MIN
7a.	les	THPLACE (STATE OR FOREIGN	U.S.	VHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER MARRIED	9. BALTIMORE CITY Baltin	or county of		M
10		YORTOWN OF DEATH	(IF NOT IN SUCH	OSPITAL, NURSING FACILITY, GIVE STREET A	G HOME (OR OTHER INSTITUTION	120. USUAL OCCUPA (TYPE OF WORK FOR MOST Housewi	OF WORKING LIFE		OF BUSINESS OF
13	o. S1	RESIDENCE (# NURSING HOME OR ATE 13b. COUNTY)	ITY	GIVE RESIDENCE BEFORE 13c. CITY OF TOWN Ellicott	4	13d. INSIDE CITY LIMITS? YES NO 🖫	13e. STREET ADDRESS 9626 S.	Bali Cc	ourt	21043
C	FAT	HER'S NAME Unkhown Ga	lford	LAST		15. MOTHER'S MAIDEN NA	ME Unknowm ^{pole}		LAS	51
160		AS DECEASED EVER IN U.S. AR		166. SOCIAL SECUI	RITY NO.	17. INFORMANT	ADDI	RESS		
4	(46	S, NO OR UNKNOWN)	E WAR OR DATES)	224 24 9	857	James W Ridg	ley 5121 B	onnie A	Acres I	r. 2104
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if ony, which gove rise to immediate couse (o), storing the underlying couse lost.	D BY. E CAUSE (o) DUE TO, OR (b)	AS A CONSEQUE	NCE OF	dem			BETWEEN	imate interval Onset and death
NOTACISTA		PART 2. OTHER SIGNIFICANT O				NOT RELATED TO THE TERM	200 AUTOPSY? YES NO	20b. IF YES,	WERE FINDI	NGS USED
		? To, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M	A. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN)	URY IN ITEM 18 PAI	RT I OR PART 2)	
MEDICAL	MEDI	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE C	OF INJURY ET, FACTORY, OFFICE, FA	ARM, ETC)	211 LOCATION STREET	CITY OR T	OWN	COUNTY	STATE
		22a.1 certify that (1) (this hospi sow the deceased alive on above, (1) (we) (did) (did no 22b. SIGPATURE		19		, 19	, to death accurred on the			
		22d PHYSICIAN'S NAME (TYPE O		116	1	ATTENDING PHYSICIAN [DIRECTOR PHYS		12/2	9/87
	(5	RIAL, CREMATION, REMOVAL	23b. DATE DEC 31,	23c N	rest]	EMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN		rd™Mary	yland ^{iate}
24 F	FU laı	neral director cry ^{me} H Witzke 41	12 Colum	nbia Mike	E11:	icott CiteC 3	1 1987 A	P 256 DEGISTR	ARS	i



STATE OF MARYLAND

funeral director, page 3 thm 72 haurs after death DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 MPORTANT: If Item 21 is marked ar Item 18 shaws any injury, ar ather traumatic event, the medical TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and should be detached for use as the businal-transit permit. Then please remove carbon papers. Paggwith the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital ar attending physician.

(VRA 15, 4)

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE ...

7	1mg	1	6	3
DEC NO	trid			

17447	73	CERTIFICATE OF DEATH 3								
			CEASED NAME FIRST	MIDDLE		AST	20. DATE OF DEATH		10.1100K	
ay be age 3 death		TAPE	Thomas Thomas	A.	Ro	bach, Sr.	December	4, 1987	846 Pm	
may.	1000	3. SE	(4. RACF	5. DATE C		6. AGE (IN YEARS LAST BIR		YEAR IF UNDER 24 HRS	
ge 4	ars of		Male	White Jü		13, 1931 AR	56	YRS.	ATS HOURS MIN.	
COUNTRY)					b. CITIZEN OF WHAT COUNTRY? 8. MARRIED		9 BALTIMORE CITY O	_	Н	
death	B		Kentucky	USA WIDOWE 11. NAME OF HOSPITAL, NURSING HOME OF Francis Scott Key M			Baltimo	-	MD	
by the filled with	house		Baltimore				TYPE OF WORK FOR MOST CONTROL OF THE PROPERTY	nd of Business or Try Union		
4 have	most be	13a S	AL RESIDENCE (IF NURSING HOME OF ITATE Maryland 13b. COUN	ROTHER INSTITUTION, GIVE RESIDENCE BEFO NTY BALLIN	WN	13d. INSIDE CITY LIMITS?	13 STREET ADDRESS NEV	Wilk St.	21224	
. 1	- June	14 FA	THER'S NAME	MIDDLE LAST .		15. MOTHER'S MAIDEN NAM				
2	exon		John	Roach		"Margar	et MIDALE		Pollard	
25	dical		AS DECEASED EVER IN U.S. AR	E MAR OR DATES		17 INFORMANT	ADDRE			
an ar	E		Yes (16 Yes, GIV	orea 402-34-2	254	Shirley A. R	Roach 600 S.			
ysicio aper	it, th		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one cause per line for (a), (b), o	nd ici.i	> 10.		OI (BETW	PROXIMATE INTERVAL VEEN ONSET AND DEATH	
ertifii g ph sanp remo	ever			TE CAUSE (a) Bridy	enaid	- 1 alove	Micular	righten)	
oth c endin	e de la composição de l			DUE TO, OR AS A CONSEOL	JENCE OF	20.06	(. 0			
e dec mave	trout	NOI	Conditions, if any, which gove rise to immediate	(b) 100Y	NIGO	jocardin from				
that the	ır ather		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQU	JENCE OF					
equires n signe Then pl	injury, o		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE OR CON	DITION GIVEN IN PAR	ti lio	
has bee permit.	A aux	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHICH	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FILL IN CERTIFYING CAU		
ysicio rofe onsit	8 55	1 8	210. ACCIDENT WAS UNDERLYING			21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJU			
ICIAI 9 ph entifu iol-tr	E 4	¥	OR CONTRIBUTING CAUSE OF DEA	nin i	PAY YEAR					
G PHYS of this control of the bure	ked or It	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,		211 LOCATION STREET	CITY OR TO	wn count	Y STATE	
Pr Aft	E			attended the deceased from.	11 2	1987	_, to 2 (711 1987	that (I) (ve) Dast	
Spital Spital Far it af H	21 :		saw the deceased alive an abave, (1) (we) (did) (did no	it) view the bady after death.	& / , ar	nd that in (my) (our) opinion d	leath occurred on the de	ate and haur and fram	the couses stated	
on has	£		22b. SIGNATURE	A *		DEGREE			ATE SIGNED	
TAL y the XAL Codeta	5		MC				MEDICAL STAI DIRECTOR PHYSIC	IANOX		
HOSPE sined b FUNE auld be	MPORTANI		22d. PHYSICIAD'S NAME TYPE O	CHIN		22e ADDRESS	· mc			
retain TO F Shaul	¥		URIAL, CREMATION, REMOVAL	23b. DATE 23c.	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION			
BP		(Burial	12-8-87	ak Lav	wn	Baltimo	re Marylan	d STATE	
DHMH - 16 60M	A 7/B4	24 FL	INERAL DIRECTOR Duda-	-Ruck Funeral Ho	me of	Dundalk 250. DATE	REC'D. BY REGISTRAR	REGISTRAR'S SIG	NATURE	
0/DA 15 4		10				21222	BECO O	The same of the same	E W	

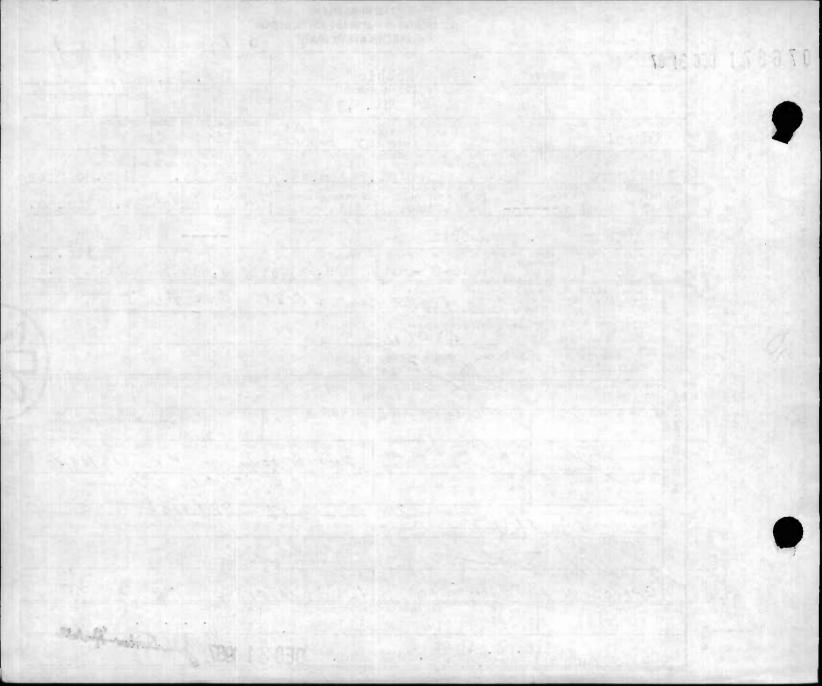
FOR

- STATE

DHMH - 16 60M 7/B4 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE



RUSS 2222 W. NORTH

(VRA 15, 4)

DECO

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

5

Maryland

24	67	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REG. NO.										
		DECEASED NAME FIRST MIDDLE (TYPE OR PRINT) LOUISE D.			NDDLE	RO	MNSON	12-14-87 10:00				PM
	1.5EX	fe male		Black		5. DATE O		6. AGE (IN YEARS LAST BIRTHD)	MONTH!	DER I YEAR	IF UNDER 24 HR	
9	New York					? 8. MARRIE WIDOWE	D NEVER MARRIED DIVORCED				MD.	
1					FHOSPITAL, NURSING HOME OR OTHER INSTITUTION			120. USUAL OCCUPATION 126. KIND OF BUSINESS OF COOK 120. KIND OF B			OR	
5	13a. S	AL RESIDENCE (IF NURSI TATE d.	136 COUN		GIVE RESIDENCE BEFO	WN	13d INSIDE CITY LIMITS? YES MO	1325FFF APPRISE 682°E	h ^c Æ∀e,	2121	.6	
X	14. FA	Robert	Dun 1a	POLE	LAST		15. MOTHER'S MAIDEN NA/ Gertrude	Dunlap Wick	s	LAST		
1	{ ¥	AS DECEASED EVER I		MED FORCES? WAR OR DATES)				on Ave,				
		PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)										
CERTIFICATION		Rena 19a DATE OF OPERAT	L b	196 CONDI	TION FOR WHIC	HF H OPERATIO	ON WAS PERFORMED		Ob. IF YES, WER N CERTIFYING YES []			
	MEDICAL CER	210. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRI	AUSE OF DEA	1111	M. MONTH I M.	DAY YEAR 19	216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN			- 1	
(MEI	WHILE NOT WHILE (AI HOME, STREET, FACTORY, OFFICE, FARM, ETC.) VALUE NOT WHILE (AI HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET							1, 19	ST.	that (I) (we) I	lost
		saw the decease obove, (I) (we) (d 22b. SIGNATURE	id) (did not	view the body	ofter death.	87	nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF		22c. DATE		-
		131 CH	T TYPE OF	DUON	4		LIGERTY	MEDICAL	CEN	TER	-	
-		SURIAL, CREMATION,	REMOVAL	12/19/	'87 N		EMETERY OR CREMATORY hedral Cemete	ry Barrymore	e, Ma	rvla	nd State	

Estep Brother Funeral Home, P.A. 1300 Eutaw Pl

DHMH - 16 60M 7/84

BP.

(VRA 15, 4)

24 FUNERAL DIRECTOR

MPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other troumotic event, the

THE STATE OF THE PROPERTY OF THE PARTY OF TH State of the second state of the second seco Sental William District Control of the Control of t dell'ille produits yesten. -gradien in Rango Bridging (Bridging Area Dich Side for 17 Thu

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

749

2

moy

hours ofte

deoth

ATTENDING PHYSICIAN: The

etoined by the hospital or attending physician.

BP.

completely filled in by the funeral director page 3

FOR

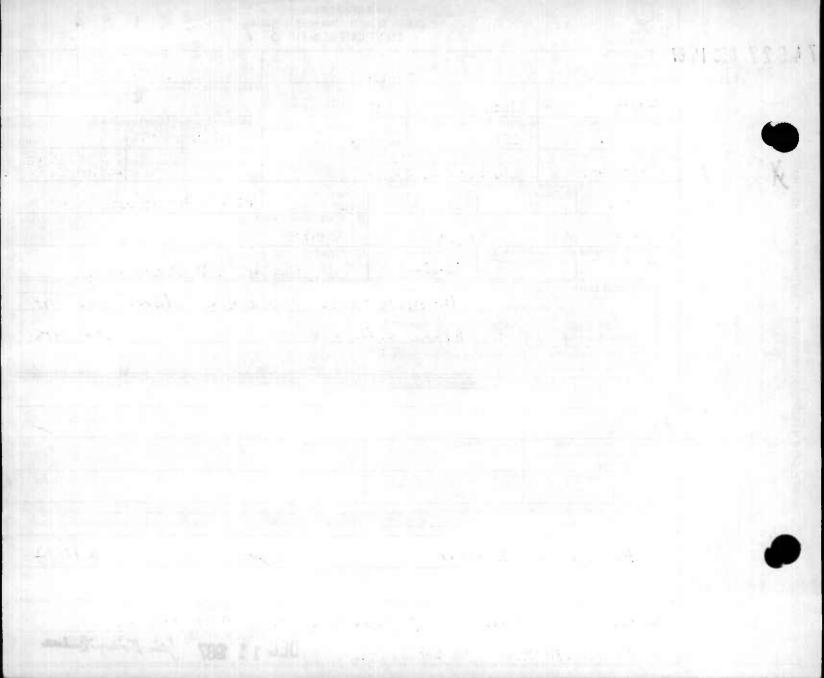
STATE
REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE, CERTIFICATE OF DEATH

TYPE	E OR PRINT!	WIDDLE	LAST	20 DATE OF DEATH	MONTH DAY YEA	2b HOUR
	Louise	Rol	binson		12 8 87	7
3. SE	X	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIR		YEAR IF UNDER 24
F	Female	Black	6 22 01	85	YRS	ATS HOOKS
	IRTHPLACE STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY O		Н
	Va.	USA	WIDOWEDXX DIVORCED	Baltimo	re City	
10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATI	ON 126 KIN DE WORKING LIFET INDUS	ND OF BUSINESS
	Baltimore	Liberty Med.		(1YPE OF WORK FOR MOST C	Woo	Tworth [
13a. S	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUNTY		N 1134. INSIDE CITY LIMITS?	501 MCCollo	zip code h Stneet	2120
14. FA	James	Vaughan Vaughan	Lucinda	WE	Jones	LAST
16a V	WAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SECU	JRITY NO. 17 INFORMANT	ADDRE	SS	
-	YES DO OR UNKNOWN) 1 F YES, GO	220-22-9	9700 Betty Found	tian 1015 S	tamford Rd	
	Conditions, if ony, which	DUE TO, OR AS A CONSEQUE	sclerosis		Se	4. 415
FICATION	couse (0), stating the underlying cause lost,		ENCE OF DEATH BUT NOT RELATED TO THE TERM OPERATION WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FILL IN CERTIFYING CAU	NDINGS USED JSES OF DEATH
CERTIFICATION	couse (o), stoting the underlying cause lost. PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO D 19b. CONDITION FOR WHICH 21b. TIME OF INJURY	DEATH BUT NOT RELATED TO THE TERM OPERATION WAS PERFORMED 211. HOW INJURY OCCUR	20a AUTOPSY?	206. IF YES, WERE FII IN CERTIFYING CAL YES	NDINGS USED USES OF DEATH?
AL CERTIFICATION	couse 101, stoting the underlying cause lost. PART 2 OTHER SIGNIFICANT 119a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DE	CONDITIONS CONTRIBUTING TO DE 196. CONDITION FOR WHICH	OPERATION WAS PERFORMED 21c. HOW INJURY OCCUR	20a AUTOPSY?	206. IF YES, WERE FII IN CERTIFYING CAL YES	NDINGS USED USES OF DEATH?
MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO DE 196. CONDITION FOR WHICH	OPERATION WAS PERFORMED 21c. HOW INJURY OCCUR 19 211. LOCATION	20a AUTOPSY?	20b. 1F YES, WERE FIND CERTIFYING CAL YES THE TEM 18 PART I OR PAR	NDINGS USED USES OF DEATH? NO
	COUSE 101, stoting the underlying cause lost. PART 2 OTHER SIGNIFICANT OF THE CONTRIBUTION OF CONTRIBUTING CAUSE OF DE LIFETHER NOTIFY MEDICAL EXAMINED AT WORK NOT WHILE AT WORK NOT WHILE AT WORK SON THE CONTRIBUTION OF C	IPB. CONDITION FOR WHICH IPB. CONDITION FOR	OPERATION WAS PERFORMED AY YEAR 19 211 LOCATION STREET 19 19	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJU-	20b. IF YES, WERE FIND CERTIFYING CALLYES TO THE TERM THE PART I OR PART WITH THE TERM THE THE TERM TH	NDINGS USED USES OF DEATH? NO 12) Y STAI
	COUSE 101, stoting the underlying cause lost. PART 2 OTHER SIGNIFICANT OF THE CONTRIBUTION OF CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHITE NOT WHITE AT WORK 22a. I certify that (I) (this hosp sow the deceosed olive or obove, (I) (we) (did) (did not 22b. SIGNATURE	19% CONDITIONS CONTRIBUTING TO I	OPERATION WAS PERFORMED AY YEAR 19 ZIL HOW INJURY OCCUR STREET 19 ARM. ETC.) DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJU-	20b. IF YES, WERE FIND CERTIFYING CALL YES THE TENT OF PART I OR P	NDINGS USED USES OF DEATH? NO 12) Y STAI
MEDICAL	PART 2 OTHER SIGNIFICANT (19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DELETING AND	IP PRINT:	OPERATION WAS PERFORMED AY YEAR 19 211 LOCATION STREET 19 Ond that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 22e ADDRESS	200 AUTOPSY? YES NO CITY OR TO CITY OR TO death occurred on the do MEDICAL STAI DIRECTOR PHYSIC	20b. IF YES, WERE FIND CERTIFYING CALL YES THE TENT OF PART I OR P	NDINGS USED USES OF DEATH: NO 12) y stal that [1] (we athe couses state
WEDICAL WEDICAL	COUSE 101, stoting the underlying cause lost. PART 2 OTHER SIGNIFICANT OF THE CONTRIBUTION OF CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHITE NOT WHITE AT WORK 22a. I certify that (I) (this hosp sow the deceosed olive or obove, (I) (we) (did) (did not 22b. SIGNATURE	IP CONDITIONS CONTRIBUTING TO SECONDITIONS CONTRIBUTING TO SECONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH DA P.M. 21c PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F ital) ottended the deceosed from DEL view the body ofter death. 19 DEL PRINT) 23b. DATE 23c. 1	OPERATION WAS PERFORMED AY YEAR 19 ZIL HOW INJURY OCCUR STREET 19 ARM. ETC.) DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? YES NO CITY OR TO CITY OR TO death occurred on the death occurred occurred on the death occurred occurred on the death occurred occurre	20b. IF YES, WERE FIND CERTIFYING CALL YES THE TENT OF PART I OR P	NDINGS USED USES OF DEATH: NO 12) y stal that [1] (we athe couses state

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicion and should be detached for use as the burnal-transit permit. Then please remove carbon papers. Page with the State Dept. of Health and Mental Hygiene prior to burnal, cremation, or removal.



74294 DEC-	-B 18	FOR STATE REGISTRAR		DEPARTM	STATE OF MA MENT OF HEALTH A CERTIFICATE	ND MENTAL HYGI	ENE,	5	7 4
ay be acaih death	{TYPI		ttie	AIDDLE		son	20 DATE OF DEATH	MONTH DAY	87 4541 M
ctor. po	3. SE	×	4 RACE	37	5. DATE OF BIRTH	8 1 FAR	6. AGE (IN YEARS LAST B	YRS	UNDER LYEAR IF UNDER 24 HRS
		IRTHPLACE (STATE OR FOREIGN COUNTRY) Se Cr.	76 CITIZEN OF V	WHAT COUNTRY?	MARRIED NE	VER MARRIED DIVORCED	BALT	MOLI	MD.
1 1 1 1	11. C	BALTIMORE		OSPITAL, NURSIN H FACILITY, GIVE STREET A	G HOME OR OTHER	NAI	17g USUAL OCCUPA (TYPE OF WORK FOR MOST		176 KIND OF BUSINESS OR INDUSTRY
AND 212	USU 13a	AL RESIDENCE (IF NURSING HOME OF STATE 136 COU		13c CITY OR TOW	MENT YES	NO []	13. STREET ADDRESS	ZIP CODE	Rave!
A STATE OF THE STA	14. F.	Charlie	MIDDLE	Mulli	V5	LE/IA	WIDOLE		WhiTE
MONE TO		WAS DECEASED EVER IN U.S. A YES, NO OF UNKNOWN) (IF YES G	RMED FORCES? VE WAR OR DATES!	251-30	-1947A	ANNIE	Saulsb	4.4	100 Sybil RI
ires that the death certiful place by the attending phen in please remove, coron or remotive, or cementy, or other traumatic ever		PART 1. DEATH WAS CAUS IMMEDIA Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost PART 2 OTHER SIGNIFICANT	DUE TO, OF	RAS A CONSEQUE RAS A CONSEQUE	ENCE OF	1 B1a	eD	ndition given	IN PART 1:0
RECORDS I low require to as been since prior to as ony injury to as ony injury to the second to the	RIFICATION	19a DATE OF OPERATION			OPERATION WAS P		20a AUTOPSY? YES NO	IN CERTIFYIN	VERE FINDINGS USED NG CAUSES OF DEATH?
DIVISION OF VITAL DING PHYSICIAN: The or otherding physicion After this certificate he cas the buriol-transis per he os the buriol-transis he of the buriol-transis morked or frem 18 show	MEDICAL CERTI	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED WHILE AT WORK ANOTHER 220. I certify that (1) (1) (1) has been	21e PLACE (M. MONTH DA M. DF INJURY EET FACTORY OFFICE F	19 21f LOG	ĈATION STREET	ED (ENTER NATURE OF IN)		COUNTY STATE
ALOR ATTENE the hospitol ALDRECTOR: retoched for us re Dopt of us		sow the deceosed when obove did) (did n		/	DEGREE	ATTENDING PHYSICIAN	MEDICAL ST	AFF	22c. DATE SIGNED
O HOSPITAL TO FUNERAL should be det with the Store		1220 PHYSICIAN'S NAME (14PE MANK GOL	OSTEIN	IMP	22e AD	DRESS	HOSPITA		BALTIME

DHMH - 16 60M 7/84

BURIAL
24 FUNERAL DIRECTOR (VRA 15, 4)

23a. BURIAL, CREMATION, REMOVAL 23b. DATE

12/9/87

LINCOLN MEM

23c NAME OF CEMETERY OR CREMATORY

23d LOCATION

SPARTAN BURG DEC

WM. C. MARCH F/H 1101 E. NORTH AVENUE

The transfer of the second of the second AND A VIEW OF THE PART OF THE 19 19 19 19 APONIC CONTRACT TO THE PARTY OF THE price that comparis, the Comparis MARKET CONTRACTOR OF THE PROPERTY OF THE PROPE THE RESERVE OF THE PARTY OF THE THE THE RELEASE AND ADDRESS OF THE PARTY.

0	7	26	18	NOV	I 20	tem 13 pere FOR 11/20/87 DEGISTRAR	PHON	DEPARTA	STAT	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE REG. N	5 1	7 5
		pe /	ge 3 leoth		1. DE	CEASED NAME FIRST		AIDDLE	· · ·	INSON	20 DATE OF DEATH NOVEMBER		87 150
1		4 mo)	noter d		3 SE	FEMALE	4. RACE BLACE		5. DATE C		6. AGE LIN YEARS LAST BIR	YRS.	DER I YEAR IF UNDE 24 HI
(í	Seat Po	merol dir un 72 hou	77		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	BALTIMORE CITY O		
101		a offer o	by the t	16		LTIMORE	LIBER	HEACHITY GIVE STREET		CENTER	120. USUAL OCCUPATI (TYPE OF WORK FOR MOST C LAUNDRY		N / A
AND 212		124 hou	filled in rould be	51	137	AT PE NOE NOE (III)		BALT IMO	N	13d INSIDE CITY LIMITS? YES AO	13 STREET ADDRESS	MORGAN	ST. 6062
MARYL		hed with	and 2 st	013;	14 F/	THER'S NAME CHARLIE	WIDDIE	ELMOR	.E	IS. MOTHER'S MAIDEN NAM HATTIE	WIDDLE		COPELA
TIMORE,		De execu	A Port	-13		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? E WAR OR DATES)	338-05-		HATTIE HAR	T 612 N.		
ST_BAL		seficole	Dirthing	1)		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT	lly one couse per D BY: TE CAUSE (a)	line far to), (b), and	0	oner.			APPROXIMATÉ INTERVAL BETWEEN ONSET AND DÉAI
W. PRESTON		ist the death ce	by the attending	other traumat		Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost	(b)	R AS A CONSEQUE	NCEDE	//	directly	Aug	
105, 201		done to	her pled	njury, or	NO.	PART 2 OTHER SIGNIFICANT (ONDITIONS CO	ONTRIBUTING TO D					J PART 110
AL RECO		he for	hos been	A CONTRACTOR	CERTIFICATION	11/4/87	1th COND	ule as	din	N WAS PERFORMED	VES NO		RE FINDINGS USED CAUSES OF DEATH?
ISION OF VIT.		PHYSICIAN, 1	this certificate he burial-trans	ed or hem 18 s	MEDICAL CES	THE ACCOUNT WAS UNDERLYING ON CONTRIBUTING COURSED WHILE OF CONTRIBUTING ON THE CONTRIBUTION OF THE CONTRIBUTION ON THE CONTRIBUTION ON THE CONTRIBUTION ON THE CONTRIBUTION OF THE CONTR	P. PLACE	M. MONTH DA	19	THE LOCATION THEFT	DIVERNITARE RETIRED COM-		DR PART 20
VIG		# ATTENDING hospital or of	RECTOR After hed for use on	hem 21 is marke		22s I certify that (I) (this hospi saw the deceased after an above, (I) we) (did no 22s. SIGNATURE	ri view the body	offer death.		nd that in (my) (aur) apinion a	/		that (I) (we) I from the course stated 22c. DATE SIGNED
		HOSPITAL O	FUNERAL D	PORTAN		220 PHYSICIAN'S NAME (H. Start	PRED		ATTENDING PHYSICIAN E 22e ADDRESS LiSuly	DIRECTOR PHYSIC	IAN [11-17-1

236 DATE

11/23/87

BP. OHMH 16 60M 7/84 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL

BURIAL

24 FUNERAL DIRECTOR

250 DATE REC'D. BY REGISTRAR 350 PEGISTRAR'S SIGNATURE WM. C. MARCH F/H 1101 E. NORTH AVENUE

23d LOCATION

CITY OR TOWN

BALTIMORE

23¢ NAME OF CEMETERY OR CREMATORY

EASTVIEW MEM PK

COUNTY STATE MD

126 KIND OF BUSINESS OR

60620

COPELAND

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

that (It (we) last

Illinois cook Chicago

Elekania

IMPORTANT: If Hem 21 is marked or Hem 18 stows ony injury, or other traumotic event, the

DHMH - 16 60M 7/84

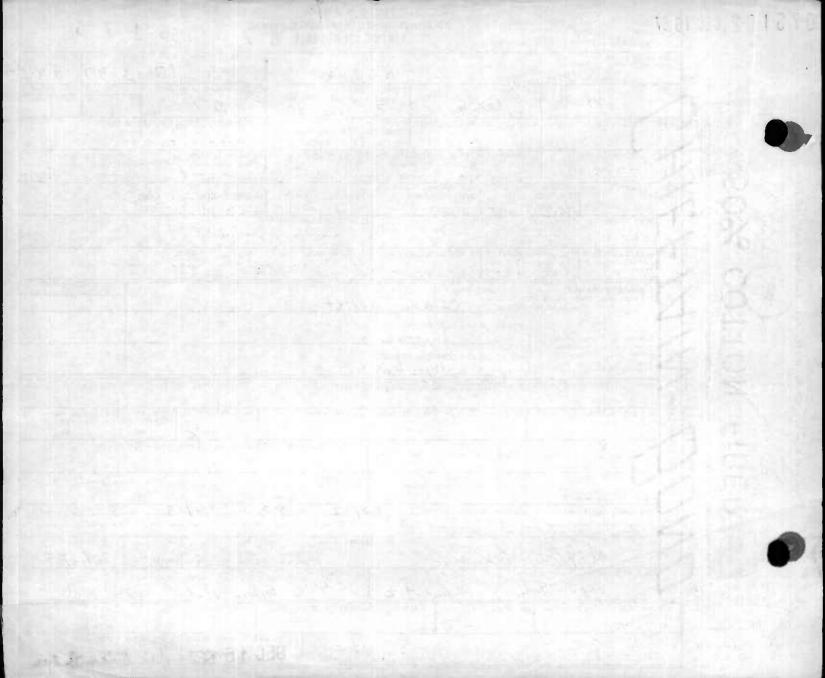
(VRA 15, 4)

STATE OF MARYLAND

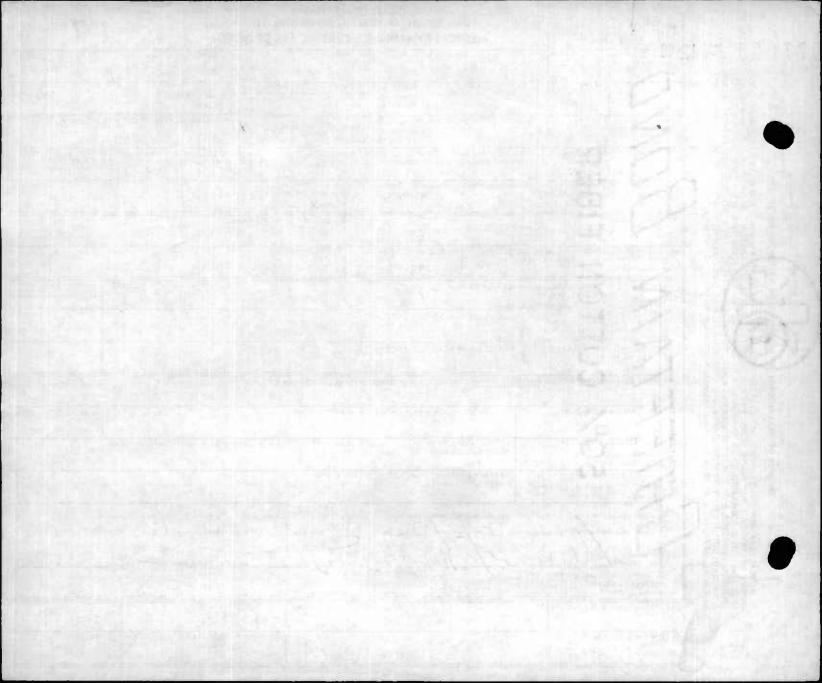
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

4.76	yesh		-7	2
. 3	3	-	1	O
REG. NO).			

-1		REGISTRAR		CEKIII	ICATE OF DEATH) /	REG. NO	Part .			
ı		CEASED NAME FIRST	MIDDLE	0 1	AST	20. DATE OF		NONTH	DAY	YEAR	2b HOUR
1	(IYPE	John John		No	a. 1st.			(2)	13	87	9:48 A
ŀ	3. SE>		4. RACE	DATE	DE BIRTH	6. AGE (INY	EARS LAST BIRTH	IDAYI	/ -	RIVEAR	IF UNDER 24 HRS
1		m	White	MONTH		4	57	YRS	MONTHS	OAY5	HOURS MIN.
1		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY? 8			9 BALTIMO	RE CITY OR		Y OF DE	ATH	
7		MD.	1	MARRIE VIDO WE	D NEVER MARRIED DIVORCED		mTMO:		T m3/		440
7		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING	HOME C			TIMO!		12b.	KIND OF	MD. F BUSINESS OR
4	B	ALTIMORE	(IF NOT IN SUCH FACILITY, GIVE STREET ADD				K FOR MOST OF	WORKING !		USTRY	
1	USUA	AL RESIDENCE (IF NURSING HOME OR	FRANCIS SCOTT		Y	IDISAE	SLEED.	-	IST	TEEL	INDUS.
	13a S	TATE 136 COUN	13¢ CITY OR TOWN		13d INSIDE CITY LIMITS?	13e.STREET A	ADDRESS / :	ZIP COD	E		
4		MD BAT.	PIMORE DUNDALK	-	YES NOTHER'S MAIDEN N	18243	BULLI	VECK	RD	2	1222
1	7		MIDDLE LAST		FIRST	OKOSZK	MIODLE			LAST	
1		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECURIT	Y NO.	17. INFORMANT		ADDRES	S			
4		7777.0	0-1952 180-22-3	3275	DR. SCHWA	RTZ-FF	RANCI	S SC	COTT	KE	Y
f		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly ane cause per line for (a), (b), and (c					- 11	8	APPROXIA	MATE INTERVAL
1			ECAUSE(a) Cardiac	_ 0	rrest						
1			DUE TO, OR AS A CONSEQUENCE	CE OF							
1	V.	Conditions, if any, which	(1b) hypo	Kemi	Q					. 43	
1		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUENCE	CE OF							
1	-	underlying couse last.		tens	ion						
1	S	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TER	MINAL DISEASE	OR COND	ITION GI	VEN IN F	ART No	
1	O N										
V	CAT	198 DATE OF OPERATION	196 CONDITION FOR WHICH OF	PERATIO	N WAS PERFORMED	200 AUTO	PSY?	20b. IF YE	S, WERE	FINDIN	GS USED
4	CERTIFICATION					YES 🖂	NOM		ES T	AUSES	OF DEATH?
7	CER	210. ACCIDENT WAS UNDERLYING		145.4.5	21c HOW INJURY OCCUP	RRED (ENTER NA		IN ITEM 18	PART I ORI	PART 2)	
1	AL	OR CONTRIBUTING CAUSE OF DEA	IB	YEAR 19							
-	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY		211. LOCATION						
4	X	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FARM	(, ETC.)	STREET		CITY OR TOW	N	COL	NIY	STATE
1			al) attended the deceased from	1	2/12 10 8	7 10	12/1	3	10 8	57.	hot (I) (we) last
1		sow the deceased alive an	12/13 10 8	77, ar	nd that in (my) (our) opinion	death accurred	d an the date	e and hou			
4		abave, (I) (we) (did) (did not 22b. SIGNATURE) view the bady after death.		DEGREE				22	DATES	SIGNED
1		& Jeffe	1000		ATTENDING	MEDICAL	STAFF			15%	267
Н		22d. PHYSICIAN'S NAME (TYPE	PRINT)		PHYSICIAN 22e ADDRESS	DIRECTOR	PHYSICIA	MIN		14/1	301
1	4	11 7	all Solid		4940	5. 1	1		0	600	0
+		17: 0	Hey mwart	2		astern.	1tue.	- 1	DOH.	· PM	⊘ .
	(5	URIAL, CREMATION, REMOVAL		ME OF C	EMETERY OR CREMATORY	23d. LOCA	OR TOWN		COUNT	Y	STATE
-	_	emoval	12-14-87		let -	75 85 010 011	a va vida				
		NERAL DIRECTOR	ADDRESS			TE REC'D. BY RE	GISTRAR 25	b. REGIS	TRAR'S S	IGNATU	JRE
		State Anatom	y Board Balt	10.,	Md.	EC 15	1987	Julia	Den	decar	Balana :
								0			



		1.	Items #			EPARTA	STAT		ARYLAN		YGIENE				-	
			STATE FILM #	6636, 88. cc			XAMIN		ERTIFIC		- 4	н 3.	REG. NO.	1	1	
778	195 JAN 12	1 00	CEASED NAME	BB CC		WIDDLE			LAST			DATE KNO	WN F N	ONTH D	DAY YEAR	26 HOUR
	33.55.55 F.	(14)	E OR PRINT) Ant	hony	JO	SEPH			Roles			OF ES	1 -	12/	31% 8	37
	1 IS NECESSARY, PLEASE HE FUNERAL DIRECTOR. ED WITHIN 72 HOURS OI W. PRESTON STREET,	3 SE)	4. RACE	5 D	ATE OF BIRTH	YEAR	6. AGE IN YEA	ARS IF UN	DER 1 YR.	IF UNDER		DATE			DAY YEAR	
	DIRE OUR ON S	-	ALE BLAC	K 1	2 23	55	32 YR		HS DAYS	HOURS	MIN PR	ONOUNCED DEAD		12/3	1/1987	7 P N
	PREST THINKEST	7a B	RTHPLACE (STATE OR REIGN COUNTRY)	7ь.	CITIZEN OF WH	AT COUN	TRY?	8 MARR	IED NE	VER MARRIE	ED X 9	BALTIMORE			OF DEATH	
	A S S S S S S S S S S S S S S S S S S S	10.6	MD		USA			WIDOW		DIVORCE		Baltin		nds *		MD
	THE FILED	IU C	TY OR TOWN OF DEATH Baltimor		NAME OF HOSP	HITY, GIVE ST	REET ADDRESS)	, OR OTH	ER INSTITU	TION	FOR MO	LOCCUPATION OF WORKING	LIFE)		OR INDUST	TRY
	N SO	FISUA	L RESIDENCE HE IN NURSING		4201 Pu	laski	Highw	ay			POMPI	EIAN O	LIVE (OIL C	COMPAN	Υ
10616		13a. S		COUNTY	ack magnionov, over		IMORE	214)	13d INSIDE CI	NO [13. STREE	ADDRESS	STREE	ET 21	.202	
2	H. 3.2.	14. F/	THER'S NAME	MIL	DOLE		AST		F	R'S MAIDE	NNAME	WIDDLE			LAST	
CALL STATE OF THE	A SE		CHARLES			ROL				ARA				430	MART	IN
TIMAC	FOR TER	Ióa V		J.S. ARMED res, give war o			IAL SECURITY		17 INFORA				DDRESS			
1	PAGIN		NO				35/925	5	I CLAR	A ROLI	ES I	31 CAL	VIN S	IREEI		
4,5	MAT WAT	179	18 CAUSE OF DEATH (E PART I DEATH WAS	CALISED BY.										-	APPROXIMAT BETWEEN ONSE	E INTERVAL
X	A SIEN NA IN A IN A IN A IN A IN A IN A IN	1	IM.	MEDIATE CA	AUSE (a) Na				1 cat 1	on						
14	BEN SEE	1	Canditions, if any,													
13	20 8 2 8 20 8 2 8	5	gave rise to imn cause (a) stating the		DUE TO, OR A	AS A CON	SEQUENCE ()F	-6/							
1	O WEEK	-31	lying cause last.		(c)											
908	BE EXECUTE ENDING IN WEDICAL EX AS A BURIAL AND ALTH AND A CREMATION	-	PART 2 DTHER SIGNIFICANT CON	IDITIONS CONTI		UT NOT RELAT	EO TO THE TERM	INAL DISEASI	OR CONDITION	H GIVEN IN PAR	T 1 (a)			100		
0		CERTIFICATION	IN DATE OF OPERATIO		Transcription							20.00			Diff.	
-	HE A	FICA	19a. DATE OF OPERATIO	N	196 CONDITI	ON FOR V	VHICH OPER	ATION W	AS PERFOR	MED?				2	20 AUTOPSY	
5	MAN NEW NEW NEW NEW NEW NEW NEW NEW NEW NE	ERT	21a. EXTERNAL CAUSE V	VAS	21b. TIME OF	INTURY		1217 H	W IN II IPY	OCCUPPE) (ENTER NAT	URE OF INJURY IN	I ITEM 10 DARY	1.00.0407.04	YES 🔀	NO 🗌
ATO HO NO SINIA	A SHEDEN		UNDERLYING OR		HOUR A.M.	MONTH	DAY YEAR						VIIEM IS PARI	FOR PART 2]		
S	SHO TO TO THE SHOOT OF THE SHOT	MEDICAL	CONTRIBUTING CAU		21e PLACE O	FINJURY	31/19 8 (AT HOME.	21f. LO	cation p	opeia		ve Oil	Co.			
5	ARDE ARDE (GE 3	×	WHILE NOT WH AT WORK AT WORK	ILE 🗆	STREET, FACTO	hroot			13371			Balto		COUNTY		STATE
	RE TH VIE, V ORW/ RE PA E STA D, 21		22a I certify that I 100			1		Autop	IVΊ	Inspection		Inquiry		my apinio	20	
	AN MANAGEMENT OF THE MANAGEMEN	Е	death resulted from	Natural co	The Marie	Acode		cide	Hamic			nined manner		ту ортно	iri	
	XAA EERTI BILD B WITI WARY		XVn		1/11	X.	16	65		PECIFY)	1					
	KE, W.		SIGNATURE / LE	uu	Ud /K	MU	4011	JYAK	64ASSI	stant	MEDICA	AL EXAMINER	1	DATE SIGNED_	1/1/	88
	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXCUTE THE CERTIFICATE, WRITING THE WORD PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNREAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BATTIMORE, MARYLAND, 21201 PRIOR TO BURBALL	1	EXAMINER'S NAME (TYPE OR PRINT)	Denn	is F. Sm	yth,	M.D.		ADDRESS_	111 P	enn S	t., Ba	ilto.,	Md.	21201	
	BATT PACE	23a.B	JRIAL, CREMATION, REMO	OVAL 23b. D	ATE	23c. N	AME OF CEA				23d. LOC/	ATION		COUNTY		
07/8	4 BP971	(5	PECIFYBURIAL		1/7/88	AR	BUTUS	MEMO	RIAL	PARK	ARBI	JTUS		COUNTY	MD	STATE
25M	DHMH - 17	24. FI	INERAL DIRECTOR		ADDRESS					,		GISTRAR 25	B REGISTR	AR'S SIGN	MATURE	
	(VR A15 ME (5))	Wi	. C. MARCH	-/H, I	NC. 110	01 E.	NORTH	AVE	NUE	1-5	5-86					



FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

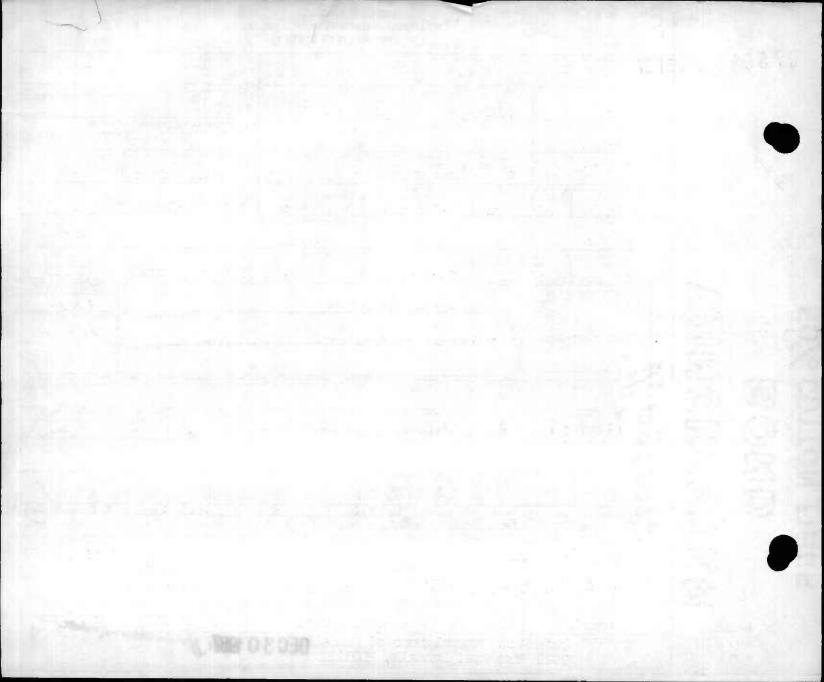
- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 20. DATE OF DEATH 26 HOUR TOPEGEASED NAME CHARLES ROSE L. DECEMBER 26, 1987 9:00A 4. RACE 5. DATE OF BIRTH & AGE LIN YEARS LAST BIRTHDAY! IF UNDER 1 YEAR IF UNDER 24 HRS 3. SEX MONTH DAY 5, 1923 April White Male 9. BALTIMORE CITY OR COUNTY OF DEATH Ta. BIRTHPLACE ESTATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED BALTIMORE CITY DIVORCED [Maryland WIDOWED [NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12b. KIND OF BUSINESS OR O CITY OR TOWN OF DEATH TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY BALTIMORE (# NOT IN SUCH FACILITY, GIVE STREET ADDRESS) THE JOHNS HOPKINS HOSPITAL Truck Driver USUAL RESIDENCE IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
138 STATE 136, COUNTY 136, CITY OR TOWN 13e. STREET ADDRESS 13d INSIDE CITY LIMITS? 1960 Haselmere Road Baltimore NOX Baltimore YES [Maryland 15 MOTHER'S MAIDEN NAME 14. FATHER'S NAME FIRST A IDDIE LAST-MIDDLE Taylor Bessie William Rose 17. INFORMANT ADDRESS 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 21222 Mary Rose 1960 Haselmere Road 214-18-9328 W II Yes APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).
PART I. DEATH WAS CAUSED BY: hum -ARDIAC IMMEDIATE CAUSE (0) DUF TO, OR AS A CONSEQUENCE OF Thour VENTRIWIAE HERY tuma Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20s AUTOPSY? 20b IF YES, WERE FINDINGS USED 196 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? 12/24/87 HARTIC STENODIS CORPLARIO HOTZY 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 71a ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d. INJURY OCCURRED 21a PLACE OF INJURY CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) AT WORK 220 1 certify that (1) (this hospital) attended the deceased from. sow the deceased glive on Dec 26 obove, (1)(w) (did) did not) view the body ofter death and that in (my (our) epinion death occurred on the date and hour and from the causes stated 224 DATE SIGNED 226. SIGNATURE DEGREE 12-26-87 ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN PHYSICIAN [22e ADDRESS VALERIA MOD 601 N. Wolfe - Baltime, Md 21705 23d LOCATION 23¢ NAME OF CEMETERY OR CREMATORY 23a BURIAL CREMATION, REMOVAL 23b. DATE couldary land ATE I SPECIFY) Owings Mills Garrison Forest Burial 12-30-87 Duda-Ruck Funeral Home of Dundalloge 30 EGISTRAR ISIL REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR

7922 Wise Ave. Dundalk, MD21222

DHMH - 16 50M 1/BI (VRA 15, 4)

ful be deto the State

PORTANT



STATE OF MARYLAND

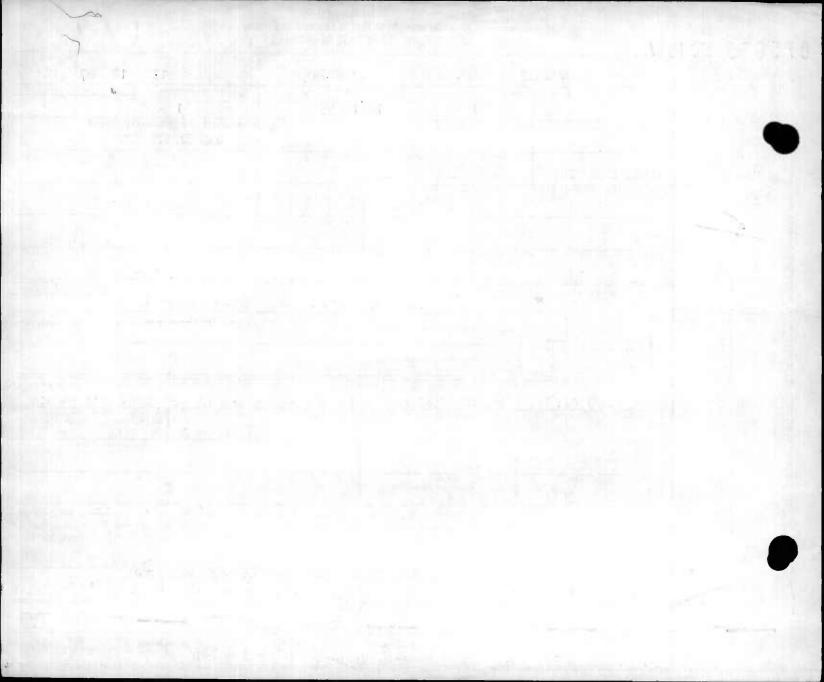
DED ADTMENT OF HEALTH AND MENTAL HYCIENE

3	5	1	7	9
REG. N	10.			

1, DECI					CEITTI	ICATE OF DEATH &	1	REG. NO.			
,	EASED NAME	FIRST	WID			AST	20. DATE OF	DEATH MON		YEAR	2b. HOUR
	DO CREAT!	ROBER	r].	F	ROSE JR		1:	2 12	87	9:30
3. SEX	MALE	4	RACE B	V	S. DATE O	12 /35 YEAR	6. AGE (IN YE	EARS LAST BIRTHDAY	YRS IF UND	DAYS	IF UNDER 24 H
	RTHPLACE (STATE O	IR FOREIGN 71	U S A	HAT COUNTRY?	8. MARRIES WIDOWE	D NEVER MARRIED D DNORCED		RECITY OR COLLTIMOR	E CITY		
BA	LTIMORE (CITY	IN HOUSE SUCH	CINES HO	SPITAI	R OTHER INSTITUTION	120 USUAL C	OCCUPATION FOR MOST OF WO		L KIND O DUSTRY	F BUSINESS
13a. ST	Md	13b. COUNT	THER INSTITUTION, GR	Baltimo	re ADMISSIONI	13d. INSIDE CITY LIMITS? YES 17 NO 1		ADDRESS Edmon	dson A	venu	e 2122
Wi	THER'S NAME 1ton	MI	DDLE	Rose		I nez	ME	WIDDIE		Wills	iams
	/AS DECEASED EVE ES, NO OR UNKNOWN! NO			66. SOCIAL SECU 31-46-2		Willie D. Ro	se 40	ADDRESS	Rogers	Ave	nue
	PART I. DEATH Conditions, if or gove rise to it	IMMEDIATE	BY: CAUSE (o)	ACUTE AS A CONSEQUI	M	YOCARDIAL	INFA	RETIS	4		MATE INTERVAL ONSET AND DEA
	couse (o), sto	ting the	TOUE TO OR A	AS A CONSEQUE	ENCE OF						
	underlying country of the second of the seco	GNIFICANT CO	DINDITIONS CON MYUPATA 196, CONDITION	ON FOR WHICH	DEATH BUT	N WAS PERFORMED	ECIR: VE 200 AUTO YES [NT ARRH	THMA: II. IF YES, WEI I CERTIFYING YES	REFINDING CAUSES	FAILURE NGS USED
CERTIFICATION	underlying coupers of the second of the seco	GNIFICANT CO	ONDITIONS CON 196, CONDITION A.M. HOUR A.M. P.M.	TRIBUTING TO CONGRESSION FOR WHICH INJURY MONTH D	DEATH BUT	EART FAILURE; A	ZOO AUTO	NT ARRH	THMA: II. IF YES, WEI I CERTIFYING YES	REFINDING CAUSES	HALLINE NGS USED OF DEATH?
MEDICAL CERTIFICATION	UNDERLYING COU PART 2. OTHER SIX DILATED 190. DATE OF OPER 210. ACCIDENT WAS U OR CONTRIBUTING (IF EITHER NOTIFY ME 210. INJURY OCCU	GNIFICANT CO	ONDITIONS CON 19b, CONDITION A.M. P.M. 21b. PLACE OF LAT HOME STREET	INJURY MONTH D FINJURY 1, FACTORY, OFFICE I	DEATH BUT TOPERATION AY YEAR 19 FARM, EIC)	PART FAILURE; AN WAS PERFORMED 216. HOW INJURY OCCUR 211. LOCATION STREET	ZOO AUTO	NT ARRH	HMA WEST TO THE METERS OF THE	RENAL REFINDING CAUSES PRPART 2)	HALLINE NGS USED OF DEATH?
MEDICAL CERTIFICATION	Underlying COU PART 2. OTHER SIX PART 2. OTHER SIX PART 2. OTHER SIX 19a. DATE OF OPER 21a. ACCIDENT WAS U OR CONTRIBUTING (IF EITHER NOTIFY MA 21d. INJURY OCCU WHILE AT WORR 22a.1 certify that sow the dece	GNIFICANT CO	19b, CONDITION 21b TIME OF HOUR A.M. 21c PLACE OF (AT HOME STREE)	INJURY TINJURY TINJ	DEATH BUT TIVE FOR THE PROPERTY OF THE PROPER	211. LOCATION STREET 15 , 19 84 and that in (my) (our) opinion DEGREE	200 AUTO 200 AUTO YES RRED (ENTERNA	NT. ARRH DPSY? IN NO (2) IN TURE OF INJURY IN CITY OR TOWN	ILEM 18 PARTIC	REHALDER CAUSES OUNTY	NGS USED OF DEATH? NO STATE
MEDICAL CERTIFICATION	Underlying COU PART 2. OTHER SIGN IF OF OPER 21a. ACCIDENT WAS USED TO CONTRIBUTING COUNTRIBUTING	GNIFICANT CO GALDIO AATION UNDERLYING CAUSE OF DEATH EDICAL EXAMINER) UNDERLYING (I) (this hospite osed olive on (idid) (did not)	21b. TIME OF HOUR A.M. 21b. PLACE OF LAT HOME STREE	INJURY TINJURY TINJ	DEATH BUT CTIVE FOR THE PROPERTY OF THE PROPER	211. LOCATION STREET 19 19 19 19 19 19 19 19 19 19 19 19 19 1	ZOB AUTO YES TO THE TOTAL TO THE TOTAL TO THE TOTAL MEDICAL	NO DE CONTROL STAFF STAFF PHYSICIAN	HILL IS PART I C	REHALDER CAUSES OUNTY	MGS USED OF DEATH? NO STATE
MEDICAL CERTIFICATION	Underlying COU PART 2. OTHER SIGN PART 2. OT	GNIFICANT CC GALDIO GNATION ANDERLYING CAUSE OF DEATH COLOR OF	21b. TIME OF HOUR A.M. 21b. PLACE OF LAT HOME STREE	NTRIBUTING TO Y CONGENION ON FOR WHICH INJURY MONTH D FINJURY 1, FACTORY, OFFICE. deceosed from 19 ther death.	DEATH BUT TOPERATION AY YEAR 19 FARM, EIC)	211. LOCATION STREET 219 (authority) 210. HOW INJURY OCCUR 211. LOCATION STREET 211. LOCATION STREET 212. HOW INJURY OCCUR 213. HOW INJURY OCCUR 214. HOW INJURY OCCUR 215. ATTENDING PHYSICIAN PHYSICIAN	RED (ENTERNA TO DIRECTOR MEDICAL DIRECTOR AGNES 1738 LOCA	NT. ARRH NO IN TURE OF INJURY IN CITY OR TOWN OF C PHYSICIAN HOS PE	HILL IS PART I C	RENEURE FINDING CAUSES ORPART 2) OUNTY Irom the	MGS USED OF DEATH? NO STATE

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.



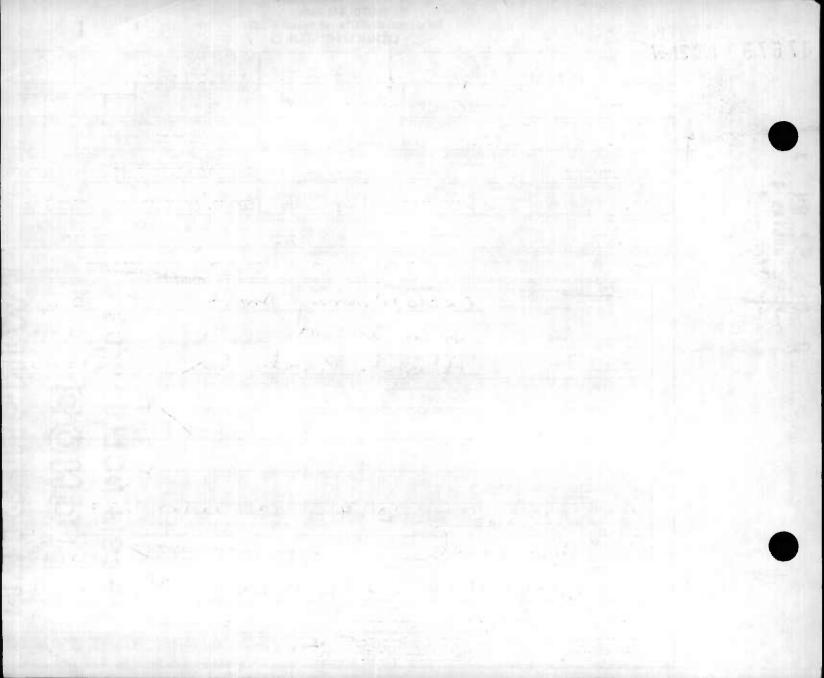
					_ 1	OR	FIIMG63	5 1/18/8		MENT OF		AND MI		YGIEN	E		3 0	
17	7 5	20	000	פר מ	2.0	TATE EGISTRAR		A	MEDICAL	EXAMIN	ER'S C	ERTIFIC	CATES				0	
3 1	J	0 3	1 5 L	126 4	DU	EASED NAME	FIRST		WIDDLE	0.00		LAST			26 DATE KNOWN S	MONTH	DAY YEAR	26 HOUR
		SE	ES. ES.		(1117		Danie	21	F.			senfe	eld		DEATH MATED	17	1919 87	
		PEA	UNERAL DIRECTOR. FOR YOUR FILES. WITHIN 72 HOURS	200	3. SEX		RACE	S. DATE OF BIR	RTH YEAR	6. AGE (IN YEA	RS IF UN		IF UNDER	24 HRS.	2c. DATE PRONOUNCED	MONTH	DAY YEAR	3:45
-	10	RY.	22 S			M	Cauc	5 31	1971	16 YF	S.				DEAD	12	19 19 87	PW
		ESSA	RAL THIN	36	7a BIF	RTHPLACE (STA	TE OR	76. CITIZEN OF	WHAT COU	NTRY?	8. MARRI	ED NE	VER MARR	IED 🖾	9 BALTIMORE CITY	OR COUNT	Y OF DEATH	
1		N OH	N. W.			alto		USA			WIDOW		DIVORC		Baltimore			MD
		> N	E SES	22		Y OR TOWN C		(IF NOT IN SUC	CH FACILITY, GIVE			ER INSTITU	TION		JAL OCCUPATION (TY MOST OF WORKING (IFE)	PE OF WORK	OR INDUST	
		DELA	0 3 4 2	3		altimor	E IN NURSING HOME			ns Hosp					daent			
	11201	ANY	2, AND 3 TO THE FUN. 29. RETAIN PAGE 5 FOR STANDING BE FILED, W. TANDING SON W. T	3	13a. S1		13b. COUN			Y OR TOWN	ואס	13d. INSIDE C	ITY LIMITS?	13e STR	14 Noble	St.	21224	
	2	E E	23,2	370	14 FA	THER'S NAME		WIDDLE		LAST		IS. MOTHE	er's MAIDI	ENNAME	MIDDLE		LAST	
	u o	KE,	AOES I	300		lliam				ller							Rosenf	eld
	CAL PROPERTY	AFTER	10 O 12	5 - 1	160. W	AS DECEASED	EVER IN U.S. AR	MED FORCES? (WAR OR DATES)		5-92-2		Mrs.	Mer	504 Ie F	Noble Noble Rosenfeld	s 2.	1224	
	TO MOTOR	: "	IN ITEM 18. GIV	<u>.</u>		PART I DE	DEATH (Enter or ATH WAS CAUSE IMMEDIA s, if any, which	TE CAUSE (o) DUE TO	Un	b), and (c).) iCUSDID INSEQUENCE (ic va	alve				APPROXIMAT BETWEEN ONSE	E INTERVAL T AND DEATH
	W 100	ZOI W.	CATE, WRITING THE WORD "PRINDING" IN PENCIL IN 11ER FORWARDED TO THE CHIEF MEDICAL EXAMINER ALON OFF PAGE 3 SHOULD BE USED AS A BURRAL TRANSIT PER	THE AND MENIAL SEMATION, OR RE	NO	gave rise cause (a) lying caus	e ta immediate stoting the <u>under</u>	(b)		NSEQUENCE (E DR CONDITID	N GIVEN IN PA	iR1 1 roi.				
	9	NEC III	A A A	, CE	ATIO	196 DATE OF	OPERATION	196 CO	NDITION FOR	R WHICH OPER	ATION W	AS PERFOR	MED?				20 AUTOPSY	13
	1		S H S	2 × /	FF												YES 1	NO 🗌
	2 2 2	DIVISION OF VITAL RECORDS,	THE WO	SR TO BU	CAL CERTIFICATION	UNDERLYING	OR CAUSE OF	HOUR	E OF INJURY A.M. MONTI P.M.	H DAY YEAR		OW INJURY	OCCURRE	D (ENTER	NATURE OF INJURY IN ITEM 18	B PART 1 OR PAR	27 2)	
		DIVISIO	WRITING TH ARDED TO AGE 3 SHOU	A IE DEP	MEDICAL	21d. INJURY O WHILE AT WORK			CE OF INJUR , FACTORY, FARM,			CATION			CITY OF TOWN	COL	UNTY	STATE
	•	CAL EYAMINED. T	THE CERTIFICATE, SHOULD BE FORW	AFIER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2	,	226 I certif deoth resulte ACTUAL SIGNATURE	y that I took chor d from: Note	ge of the remain:	s described ob Acqiden		Autop	Homic Homic D. ASSI	SPECIFY)	Undet	Inquiry , o	DATE SIGNE	12/20	/87
			EXECUTE PAGE 4	ALTIMO		EXAMINER'S I	***/	o F. Go			Y	ADDRESS_		Penn		Balto	.,MD.	
	07/8	84	BP 93	35	(5	Bürial		12/23/8	37 08	NAME OF CEA	n Ce	mete	ry		OCATION ORTOWN 11to	COUN	Md	STATE
	25M	Λ	DHMH - VR A15 ME			John A	2000		DRESS	5t. 21	224		DEC.	REC'D. BY	REGISTRAR 256 REC	SISTRAR'S S	the miles all	

Page 10 4

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

076	7 2 0	DEC		0.78	REGISTRAR			CERTIF	ICATE OF DEATH 5	REG. NO	D.	
016	139	DEC	3		EASED NAME FIRST		MIDDLE		AST		MONTH DAY	YEAR 26 HOUR
	2 %	401		11112	JULI	AN	0		ROSS SR.	DEC. 27.1	1987	6:10A
	pd pd	0	- 1	3. SEX		4. RACE		5. DATE		6. AGE (IN YEARS LAST BIR		R I YEAR IF UNDER 24 HRS
	4 40	-	-	1	MALE	WHITE	Ξ	OCT	1 1906 YEAR	81	YRS.	DATS HOURS MIN.
	2 9	2 1	И		THPLACE STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF DE	ATH
2 1.	1	-	91		MD.	U.S.A.		WIDOW		BALTIMO	ORE CITY	Y MD
-	1 2	(4)	力	10 CI	Y OR TOWN OF DEATH	11. NAME OF I	HOSPITAL, NURSIN	IG HOME	OR OTHER INSTITUTION	126 USUAL OCCUPATE (TYPE OF WORK FOR MOST O		KIND OF BUSINESS OR
5	40	15 h	2		BALTIMORE		S HOPKI		OSPITAL	INTERIOR D	ECORATOR	DECORATING
No 212	24 Nou	4	5	USUA I3a. S	L RESIDENCE (IF NURSING HOM TATE 13b CC		GIVE RESIDENCE BEFORE 134. CITY OR TOW BALTIMO	N	134. INSIDE CITY LIMITS?	13e STREET ADDRESS 609 N. ROB	INSON ST	. 21205
-	1	2		14. FA	THER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	AME		LAST
U. E	10 B	827			JULIAN	MODIE	ROSS		HELEN	MIDDEC	5	SEWARD
W-	9	1		16e. W	AS DECEASED EVER IN U.S.	ARMED FORCES?	166. SOCIAL SECU		17. INFORMANT	ADDRE		
N. S	- 0	med P	/		ES NO OR UNKNOWN) (IF YES	, one was on paredy	218-05-7	942	VIRGINIA RO	OSS (WIFE) S.		
DS 00	Acce of	6 6 5			18 CAUSE OF DEATH (Enter PART I, DEATH WAS CAU	anly one cause per	line for (a) (b), and	d (c).)	^			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
0.2	0	ewer even				DIATE CAUSE (0)	Carcio	pul	monary 1	mest		2 min
N N	th ce	at o d				DUE TO, O	R AS A CONSEQUE	NCE OF	1 4			1. 1
IS	deo otto	then four			Conditions, if any, which gove rise to immediate	((b)_	Volum	1 CV	revious			Co com?
DIVISION OF VITAL RECORDS, 101 W. PRESTON	2 2	Par a			couse (a), stoting the	DUE TO, O	R AS A CONSEQUE	NCE OF .	311.	C	100	18
	4 p	ol of				(1c)	Metus	tun	c Mostar	, , , ,		(o mo
5.2	9.00	1000		z	PART 2 OTHER SIGNIFICAN	11 CONDITIONS CO	ONTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN I	PART IIa
ORC	1	4 6 7	_	4T10	19a. DATE OF OPERATION	TISK COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	LAN IE VES WERE	E FINDINGS USED
**	9 6	D and	1	FICATION	THE DATE OF OFERATION	178. CONO	inorviole vinien	OI ERVING	TO TENI ONNED	YES T NOT		CAUSES OF DEATH?
ITAL	The sicion	you ha	9	CERT	718. ACCIDENT WAS UNDERLYING	21b. TIME C	F INJURY		21c HOW INJURY OCCUP		1	- U
Ž.	P. P.	P P P	6	100	OR CONTRIBUTING CAUSE OF	DEATH HOUR A.	M. MONTH DA					
NO.	ding ding	Men	7	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAM	21e. PLACE		19	211 LOCATION			
25	01 4	and and ked		WE	WHILE NOT WHILE AT WORK	(AT HOME ST	REET, FACTORY, OFFICE, F	ARM EIC)	STREET	CITY OR TO	WN CO	DUNIY STATE
ā	A O D	E STOR			220-1 certify that (1) (this he	aspital) attended th	e deceased from_	12	1157 19 8	7 10 12 13	198	that (I) (we) last
	A P P	D T T			saw the deceased alive	on 12/2	19	87.0	nd that in (my) (our) opinior	death accurred on the de	ate and hour and f	rom the couses stoted
	Hose A	D 10 E			abave, (I) (we) (did) (did 22b. SIGNATURE	nat) view the bady	A A A		DEGREE		22	C. DATE SIGNED
	0 4 3	# D = 1			11/0	1 mary	MUSH		ATTENDING PHYSICIAN	MEDICAL STAP		12/27/82
	SPIT.	Sto A	7	V	224. PHYSICIAN'S NAME (IN	PE OR PRINT)			22e ADDRESS	/	00	
	HOSPIT	should be dwith the Store	1		NA	NCY 7	D WILL	on	Johns Hop	Ling Hosp. 6	N. Wills	St. Balt 1
	5 g 5	A M			URIAL, CREMATION, REMOV	AL 236 DATE	236, 1	NAME OF	EMETERY OR CREMATORY	234 LOCATION	7	
	BP			(BURIAL	12/30/8	87 W	CODLA	WN	BALTIMO	RE	MD .
	DHMH - 16.5	OM 1/81		24 FL	NESCHIMMEK FU		3331 Bre			TE REC'D. BY REGISTRAR	256 REGISTRAR'S	SIGNATURES
	(VRA 1	5, 4}			HOME, INC.		Baltimor	e, Mo	1. 21213	90 1987	C. SALE BEE	or A condition



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGMENE CERTIFICATE OF DEATH

35182

222 PFC-	71	FOR STATE REGISTRAR			DEPARTN	CERTIFICATE		8 /	G. NO.	1 0	2
10	I. DE	CEASED NAME	FIRST	MIDE	ΝĒ	LAST		20. DATE OF DEA	TH MONTH	DAY YEAR	26 HOUR
poge 3	LITPE		CILIO		M.]	ROSSI		DECEM	BER 3, 19	987	7;10A M
ofter d	3. SE	Male		4 RACE Caucasi	an	Mar. 2	6. 1920	6. AGE IN YEARS L	AST BIRTHDAY)	FUNDER LYEAR	IF UNDER 24 HRS
dire	7n BI	RTHPLACE ISTATE OR FO	OREIGN	76. CITIZEN OF WH		8		9 BAITIMORE C	YRS YRS	OFDEATH	
or one		Italy	ONEIGH	U.S.A		MARRIED NE	VER MARRIED DIVORCED	D. 1. T. T. T. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		OI DEATH.	MD.
33		ALTIMORE	ТН	(IF NOT IN SUCH FA	CILITY, GIVE STREET	G HOME OR OTHER ADDRESSI PKINS HOS		120 USUAL OCCU	JPATION MOST OF WORKING LIFE CITY	126 KIND (INDUSTRY OT B	of BUSINESS OR
1	13a. S	AL RESIDENCE IN NURSH STATE Md.	NG HOME OF	OTHER INSTITUTION, GIV		ADMISSION) N 1134 INS	DE CITY LIMITS?	13. STREET ADDR	evage S	treet	1224
30	14. FA	THER'S NAME FIRST Lucia		MIDDLE	Rossi	15 MOT	HER'S MAIDEN N	AME		SSO	st
200	16a. V	VAS DECEASED EVER I			SOCIAL SECU		RMANT	A	DDRESS		1224
the medica		YES, NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	35-16-	-0944 Mr	s. Anna	Rossi,	603 Sa		
an, ar r impfic		C-FR W	4	DUE TO, OR A	S A CONSEQUE		011 0705	exec 10mp	111 714 8	1.1.1	107 - 12/2/3
r to burial, crematron injury, or other troum	ATION	Conditions, if any, gove rise to imm couse tol, stating underlying couse PART 2 OTHER SIGN	lost.	DUE TO, OR A	COPONA S A CONSEQUE	NCE OF		RMINAL DISEASE OR	-	EN IN PART 1	
permit. Then please remove ine prior to burial, cremation ws any injury, or ather troum	TIFICATION	gove rise to immo cause (a), stating underlying couse	ediate g the lost.	DUE TO, OR A	COPOLY S A CONSEQUE	PEATH BUT NOT REL			CONDITION GIV		NGS USED
Hygiene prior to burial, cremation 8 shows any injury, or ather traum	CAL CERTIFICATION	gove rise to imm cause (o), stating underlying couse PART 2 OTHER SIGN 19a DATE OF OPERAT 11 30 21a. ACCIDENT WAS UNDER OR CONTRIBUTING C	ION ION ERLYING AUSE OF DE/	DUE TO, OR A (c) I9b. CONDITIONS CON: 19b. CONDITION 21b. TIME OF IT HOUR A.M.	COPONA S A CONSEQUE RIBUTING TO D ON FOR WHICH	DEATH BUT NOT REL OPERATION WAS P APTERY 123 216. HO	ERFORMED TSEASE	MINAL DISEASE OR	20b. IF YES	EN IN PART 1	NGS USED 5 OF DEATH?
Durial remarks permit, then please remove of them 18 shows any injury, or ather troum	MEDICAL CERTIFICATION	gove rise to imm cause to), stating underlying cause PART 2 OTHER SIGN 19a DATE OF OPERATION OF THE STATE O	INTERPRETATION OF THE PROPERTY	DUE TO, OR A (c) IPP CONDITION CORDITION IPP CONDITION A.M. P.M. 210 PLACE OF	COFO NA S A CONSEQUE RIBUTING TO D ON FOR WHICH WATEM MONTH DA	DEATH BUT NOT REL OPERATION WAS P ANTERNA 19 211 LOG	ERFORMED TSEASE	200 AUTOPSY2 YES NO	20b. IF YES	EN IN PART 1	NGS USED 5 OF DEATH?
uriol-transit permit. Then please remove into the Hygiene prior to buriol, cremation item 18 shows any injury, or ather traum	_	gove rise to imm cause (o), stating underlying couse PART 2 OTHER SIGN 19a DATE OF OPERATI 11 30 21a. ACCIDENT WAS UNDER OR CONTRIBUTING C. (IF EITHER, NOTIFY MEDIC.) 21d. INJURY OCCURRI WHILE NOTIFY MEDIC. 21d. INJURY OCCURRI WHILE NOTIFY MEDIC. 22a.1 certify that (1) saw the decease	IFICANT (ION ION AUSE OF DEA ALEXAMINES	DUE TO, OR A (c) 19b. CONDITIONS CON: 19b. TIME OF IT HOUR A.M. 21e PLACE OF (AI HOME STREET	COFORMA S A CONSEQUE RIBUTING TO D ON FOR WHICH WATEM MONTH DA INJURY FACTORY, OFFICE, F. eccased fram 3	OPERATION WAS P ANY YEAR 19 211 LOCARM. ETC.)	ERFORMED TSEASE WINJURY OCCU EATION STREET	200 AUTOPSY2 YES NO	20b. IF YES IN CERTIFY YE FINJURY IN ITEM 18. P	EN IN PART 1 5. WERE FIND YING CAUSES S COUNTY	NGS USED 5 OF DEATH? NO STATE
trached for use as the burial-transit permit. Then please remove e Dept of Health and Mental Hygiene prior to burial, cremation: if them 21 is marked or them 18 shows any injury, or ather traum	_	gove rise to imm cause (o), stating underlying couse PART 2 OTHER SIGN 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDER OR CONTRIBUTING C. (IF ETHER, NOTIFY MEDIC. 21d. INJURY OCCURRI WHILE NOTIFY MEDIC. 22a.1 certify that (b) (saw the decease obove, (l) (we) (d) 22b. SIGNATURE	IFICANT (ION	DUE TO, OR A (c) I 9b. CONDITIONS CON: I 9b. CONDITIONS CON: I 19b. CONDIT	COFORMA S A CONSEQUE RIBUTING TO D ON FOR WHICH WATEM MONTH DA INJURY FACTORY, OFFICE, F. eccased fram 3	OPERATION WAS P ART PUT NOT REL OPERATION WAS P ART PUT NOT REL OPERATION WAS P ARM, ETC.) DEGREE	ERFORMED TSEASE WINJURY OCCU TATION STREET (my) (our) opinion ATTENDING PHYSICIAN	200 AUTOPSY? YES NO RRED (ENTER NATURE) CITY 1 to 2 MEDICAL	20b. IF YES IN CERTIFYED THE MILE PRINTER IN TERM IN THE MILE PRINTER IN THE MILE PRIN	EN IN PART 1 S, WERE FINDI YING CAUSE: S	NGS USED 5 OF DEATH? NO STATE
toched for use as the buriol-stansis permit. Then please remove is best of Health and Mental Hygiene prior to buriol, cremation if If If If I is marked at I tem 18 shows any injury, at ather to um	_	gove rise to imm cause to), stating underlying cause PART 2 OTHER SIGN 19a DATE OF OPERATI 11 30 21a. ACCIDENT WAS UNDE OR CONTRIBUTING COLVE (IF EITHER, NOTHY MEDIC.) 21d. INJURY OCCURE! AT WORK NOTHY MEDIC. 22a. I certify that (I) (saw the decease obove, (I) (we) (d)	IFICANT (ION IFICANT (ION AUSE OF DE, AL EXAMINES (this hospi d olive on id) (did no	DUE TO, OR A (c) I 9b. CONDITIONS CON: I 9b. CONDITIONS CON: I 19b. CONDIT	COFORMA S A CONSEQUE RIBUTING TO D ON FOR WHICH WATEM MONTH DA INJURY FACTORY, OFFICE, F. eccased fram 3	OPERATION WAS P APPLY YEAR 19 211 LOC ARM. ETC.) DEGREE 220 AD	ERFORMED TSEASE WINJURY OCCU ATION STREET (my) (our) opinion ATTENDING PHYSICIAN DRESS	200 AUTOPSY? YES NO RRED (ENTER NATURE) CITY 1 to 2 MEDICAL	20b. IF YES IN CERTIFYED THE MILE TO THE M	EN IN PART 1 5, WERE FINDI YING CAUSE: S COUNTY 19 7 r and from the	NGS USED S OF DEATH? NO STATE that (I) (we) last e causes stated SIGNED 3/87
NRECTOR. After this certificate has been signed by the atter thed for use as the buriol-transit permit. Then please remove thet of Health and Americal Hygiere prior to buriol, cremation from 21 is marked or Item 18 shows any injury, ar ather troum	WEDICAL MEDICAL	gove rise to imm cause (o), stating underlying cause PART 2 OTHER SIGN 19e DATE OF OPERATI 12d 11 30 21e. ACCORNI WAS UNDER OR CONTRIBUTING C. (IF ETIMER, NOTHY MEDIC.) 21d. INJURY OCCURRI AT WORK NOTHY MEDIC.) 22e.1 certify that (1) (1) 22e.1 certify that (1) (2) 22e.1 certify that (2) 22e.1 certify that (2) 22e.1 certify that (3) 22e.1 certify that (3) 22e.1 certify that (4) 22e.1 certify that (4) 22e.1 certify that (5) 22e.1 certify that (6) 22e.1 certify that (7) 22e.1 certify that (8)	IFICANT (ION IFICANT (ION AUSE OF DE/ AL EXAMINES (this hospi d dive on id) (did no	DUE TO, OR A (c) IPP CONDITIONS CON: 19b.	RIBUTING TO DE RIBUTING TO DE	OPERATION WAS P APPLY YEAR 19 211 LOC ARM. ETC.) DEGREE 220 AD	ERFORMED ISEASE WINJURY OCCU CATION STREET (my) (our) opinio ATTENDING PHYSICIAN DRESS OR CREMATORY	200 AUTOPSY? YES NO NRRED (ENTER NATURE) CHY To CHY MEDICAL DIRECTOR PI MEDICAL AND CONTROL MEDICAL M	20b. IF YES IN CERTIFY YE FINJURY IN ITEM 18. P ORTOWN STAFF HYSICIAN	EN IN PART 1 S, WERE FIND YING CAUSES COUNTY 19 22c. DATE / 2	NGS USED 5 OF DEATH? NO STATE that (I) (we) last e causes stated SIGNED 3/5-7-

AND A SECOND OF THE PARTY OF THE PROPERTY OF T

0.7	7 - 0 0 -			2,20,21a,b,		35 dw ST		ARYLAND	HYCIENE		2 7	
UI	5825	DE(\$22.67	1-11-88 per	med exam	DICAL EXAMI		1		3 5 REG. NO.	0 0	
	+	LDE	CEASED NAM			WIDDIE		LAST	2e. DAT	E KNOWN	MONTH DAY	YEAR 25 HOUR
	S. S. S. F.	Į į i v	PE OR PRINT)	Willi	am	Henry	Rot	th,	OF DEAT		12-14 19	87
	PLEA ECTO FILL HOU STREE	3. SE	X	4. RACE	5. DATE OF BIRTH	YEAR LAST BIRTH	PEARS IF UN			TE A	MONTH DAY	YEAR 24 HOUF
	ARY, PINE TON	1	Male	White	June 7 1		YRS.	JANS NOOKS	DE	AD		8/ a. N
	PRES PESS		RTHPLACE (S REIGN COUNTRY) Larylan		76. CITIZEN OF WI			ED NEVER MAR	RIED	ltimore (IH
	N N N N N N N N N N N N N N N N N N N	-	ITY OR TOWN			PITAL, NURSING HOA	WIDOW AE OR OTH			CUPATION ITYPE OF		OF BUSINESS
1	FEAT IS NEGSSARY, PLEASE TO THE FUNERAD INFECTOR. A PAGE 5 FOR YOUR FILES. BE FILED, WITHIN 72 HOURS. STOLI W. PRESTON STREET.	1	Baltim	ore /	100 bl	K. W. Cros	s Stre		Long Sh	VORKING LIFE)	Ship	DUSTRY
MD. 21201	RETAIN	13g S	at RESIDENCE TATE Aryland	(IF IN NURSING NOME C	OR OTHER INSTITUTION, GI	VE RESIDENCE BEFORE ADMIS 131. CITY OR TOWN Baltimore	SION)	13d INSIDE CITY LIMITS? YES NO	306 We	st River	view Road	1 21225
	E-SOF!	T	ATHER'S NAME		MIDDLE H.	Roth	Sr.	Isabel	DENNAME	MIDDLE	Mu	rphy
MO	PAG	160.	WAS DECEASE	DEVER IN U.S. AR		166 SOCIAL SECUR		17 INFORMANT		ADDRESS		
BALTIMORE,	S AFI	K	No			218-36-6	5083	Isabell	E. Roth	Same as		
W. PRESTON ST., I	24 HOURS AFTER DEATIEM 18. GIVE PAGES CONG WITH FORM P PERMIT. PAGES LAN SIENE, DIVISION OF VAL.			ATH WAS CAUSE		for (a), (b), and (c).) Narcotic Int	coxicat	ion			APPRO BETWEEN	XIMATE INTERVAL ONSET AND DEATH
STO	IIN 24 HOU IN ITEM 18 ALONG ISIT PERMIT HYGIENE, MOVAL.		1837	IMMEDIA		AS A CONSEQUENC	E OF					
- G.	NER SANS			ns, if ony, which se to immediate	(b)		11/2					
	CERTIFICATE SHOULD BE EXECUTED WITHIN 24 INTEG THE WORD "PENDING". IN PENCIL IN ITEM TO THE CHIEF MEDICAL EXAMINER ALONES 3 SHOULD BE USED AS A BURIAL "TRANSIT PER DEPARTMENT OF HEALTH AND MENTAL HYGIEN INPROPED BURIAL, CREMATION, OR REMOVAL	1	lying cou	stating the <u>under</u> - use last.	DUE TO, OR	AS A CONSEQUENCE	E OF					
DS.	AAND AATIO	13	PART 2 OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TE	RMINAL DISEASI	OR CONDITION GIVEN IN I	PART 1 to:			
0	AS A ALTH	NO				diovascular [
I R	SED AL.	CERTIFICATION	190 DATE OF	OPERATION	196. CONDI	TION FOR WHICH OP	ERATION W	AS PERFORMED?			20. AUT	OPSY?
VIT	SECTION SECTIO	RITH	TIA EYTERN	AL CAUSE WAS	21b. TIME OI	INITIDY	111. H/	OW INJURY OCCURE	OFF CONTERNATURE OF	CANDON IN ITEM 10 BAR	YES	₩ NO □
DIVISION OF VITAL RECORDS, 201	THE V			OR CAUSE OF		MONTH DAY YE	AR	ubject used		TINJUNT IN HEM TO PAR	I TORPART 27	
/ISIO	ERTIF ED TO SEPAL PRIO	MEDICAL	21d. INJURY	OCCURRED	21e PLACE		21f. LO	CATION		TOWN	COUNTY	STATE
ō	WARDED WARDED PAGE 3 SHITATE DEPAGE 2 SHITATE DEPAGE 3 SH	1 8	AT WORK	NOT WHILE [X STREET, FAC	TORT, PARM, ETC.)		INCCI	CITYON	IOWN	COUNTY	STATE
	ATE, TA		22a certi	fy that I took charg	ge of the remains des	cribed obove, held on	Autap	sy X, Inspect	ian . Inqu	iry . and i	n my opinion	
	MINING MI		death result	ed from Natu	ral causes	Accident .	Suicide	, Hamicide .	Undetermined	monner X,		
	MAR.		ACTUAL	MAN	M TE	Hall A	M	TITLE (SPECIFY) Assistar	n+		DATE 12-	-14-87
	PET SHE	7	SIGNATURE	1/1/4	_	1	M	D. ASSIStal	MEDICAL EX	AMINER	SIGNED	15 07
	TO MEDICAL EXAMINER: THIS CEI SECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALLMORE, MARYLAND, 21201 P	4	CITTE OK PKI	INI)		, Jr., M.D).	ADDRESS11	l Penn St	Balto	., Md.	21201
	BATTA	23a.l	BURIAL, CREMA	TION, REMOVAL	12/17/87	23C NAME OF C	EMETERY O	emorial Pa	23d. LOCATION	Rumie	COUNTY YOU	dalife ?
07/84 25M	BP434		UNERAL DIREC		12/1//0	dien in	CA CII II	1250 DAT	FREC'S RAPPARE	- 2 C.	RAR'S SIGNATURE	110
	DHMH - 17 (VR A15 ME (5))	1	George	J. Gonce	4001 Ret	chie Hgwy I	Balto	Md OF	C188	Na g		

oraco . Compo Abut Mite Man and a Carlo Carlo

0771

51	A	TE	OF	MARYL	AND
----	---	----	----	-------	-----

-7	200	1	12	4
REG. NO.	2	1	43	-

	1-	STATE REGISTRAR			DEPARTI	CERTIF	ICATE OF DEATH	8 7	REG. NO.	5 1	13	4	
		Cat	FIRST		MIDDLE	Ru	SS O	2ª DATE OF	DEATH MON	DAY 30	YEAR 87	26 HOU	PM
	3. SEX	(4. RACE	7.1.2.3	5. DATE C		6. AGE (INY	EARS LAST BIRTHDA	IF UN	DER I YEAR	IF UNDER	24 HRS
	Ee	emale	-	White		June	25 1899	88		YRS			
A		RIHPLACE (STATE ORF	OREIGN	76. CITIZEN OF WHAT COUNTRY? U.S.A.			D NEVER MARRIED DIVORCED	Baltin	more Ci		DEATH		MD.
1		ty or town of DEA Ltimore	TΗ	FIGURE OF HOSPITAL, NURSING HE FIGURE TO SEE THE TREE TREE TO SEE THE TREE TREE TREE TREE TREE TREE TRE				120 USUAL C	OCCUPATION K FOR MOST OF WO Ted	ORKING LIFE!	Se am	stre:	SS OR
5	NIDS	AL RESIDENCE (IF NURS TATE	136 COUN		Battence before		13d. INSIDE CITY LIMITS?	1150EEN	APPRESS THE	PCODEAV	ve 21224		
(2)		THER'S NAME FIRST		MIDDLE	LAST		15 MOTHER'S MAIDEN P	NAME	WIDDLE		LAS	ı	
		John	Edw		Bond		Margaret.		ADDRESS		unkn	own	
		VAS DECEASED EVER VES. NO OR UNKNOWN)		E WAR OR DATES)	217-09-		Bernard F.	Murphy		Schen	ley 2	1210	
	CERTIFICATION	Conditions, if ony, gove rise to imm couse (o), stofin underlying couse PART 2 OTHER SIGN	which nediote g the lost.	DUE TO, O	- Ge	ENCE OF ENCE OF DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEAS	OPSY? 28	Th IF YES, WE	RE FINDIN	o.	
4	TIFIC							YES 🗌	NO	YES _		OF DEAT	
1	MEDICAL CER	210. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRI	CAUSE OF DE	P. PLACE	M. MONTH D M.	19	21c. HOW INJURY OCC	URRED (ENTER NA	CITY OR TOWN		ORPART 2)	51	TATE
		22a. I certify that (1) sow the decess obove, (1) (22b. SIGNATURE	this hosp	12/3	70 19		PHYSICIAN	,	STAFF				
		220. PHYSICIAN'S N	N R	BUK	RON		27e. ADDRESS 5 20 0	ENSTE	RN A	VE j	Patte	2	1272
		BURIAL, CREMATION,	REMOVAL	Jan. 4			emetery or cremator ly Redemeer	Cen Bal	timore	-1	UNIY	Control of the Contro	L
	24 FL	JNERAL DIRECTOR			ADDRESS		25a E	A REC'D BY	988 PAR 256	REGISTRAR	SSIGNAT	URE	, ,

DHMH - 16 50M 4/83 (VRA 15, 4)

TO HOSPITAL OF ATTEN

TO FUNERAL DIFFETOR After this certificate is should be detoched for use as the flurior transmit with the Store Dept. of Health and Meritol Fryger MPORTANT, if hem 21 is marked or frem 18 should have a solution of the store of

Leonard J. Ruck INC. Baltimore, Maryland Julio Dardan Rinday

1977 of the 11 may 1970 ato to everywhere the language of the legal. enable for the countries of the book to the countries. BER S. C. Paper of the Contract of the Contrac

07	53810	FOR STATE TRANSPRAR		STATE OF MARYLAND SENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	BIENE REG. NO.	1 3 5			
pe	deoth deoth	1 DECEASED NAME FIRST (TYPE OR PRINT) GEORGE	John	Ruth	12 /15 8	7 YEAR 26 HOUR 3º2 am			
e 4 moy	offer d	3. SEX Male	4 RACE White	5. DATE OF BIRTH 5 1966/	6. AGE (IN YEARS LAST BIRTY DAY)	IF UNDER I YEAR IF UNDER 74 HRS. MONTHS DATS HOURS MIN.			
Orth. Peg	133	70 BIRTHPLACE (STATE OR FOREIGN COUNTRY Maryland	U . S . A .	MARRIED NEVER MARRIED WIDOWED NOVECED	BALTIMORE CITY OR COUNTY	NTY OF DEATH			
事	y the fleed with	18 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET A FRANCIS SCOTI	G HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Machinest	GLIFE) 126 KIND OF BUSINESS OR INDUSTRY COntinetal			
24 hours	1125	ISUAL RESIDENCE LIF NUR	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION)	13. STREET ADDRESS / ZIP CO 22 S. Castl	DDE 2/25/			
outhin b	pletely ddP s comine	14 FATHER'S NAME FIRST T, ewis	MODLE Ruth	15 MOTHER'S MAIDEN NA.		Schleupner			
execute	Poges of medical a	160 WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECU	RITY NO. 17 INFORMANT	ADDRESS 4929 LaSall				
certificate be	physicio on popers emovol event, the	18 CAUSE OF DEATH (Enter of BART). DEATH WAS CAUS	only one couse per line for (o), (b), one	die O	4	APPROXIMATÉ INTERVAL BETWEEN ONSET AND DEATH			
ot the death	by the ottending use remove carb i, cremotion, ar i other troumotic	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	DUE TO OR AS A CONSEQUE	Due to, or as a consequence of aspiration Due to, or as a consequence of chronic subdural hematomas					
eduires th	Signed Then pled to burial njury, or			DEATH BUT NOT RELATED TO THE TERM		GIVEN IN PART 110			
he low re	has been to permit, sene prior cows any in	12 14 8 7 12 1.4 8 7		operation was performed lural hematomas	200 AUTOPSY? 20b. IF IN CEI	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO NO			
CIAN: T	frontificate front	OR CONTRIBUTING CAUSE OF D		Y YEAR	RED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)			
G PHYS	After this cert as the burial th and Menta arked ar Her	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY LATHOME STREET, FACTORY OFFICE FA	ARM ETC) 21f LOCATION STREET	CITY OR TOWN	COUNTY STATE			
ENDIN	TOR Voluments		pital) attended the secessed from 12/14/87 19	, ond that in (my) (our) opinion	deoth occurred on the date and	19 8 1 that (I) (we) lost hour and from the couses stated			
AL OR A	DIREC oched Dept If Hem	276 SIGNATURE	mangum	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	12/15/87			
HOSPITA	ould be detected that the State	John A	ryanpur my	22e ADDRESS Francis Sc	of Key Medi	cal Center			

Mark A. chojnacki F.H. 1800 E. Lombard St. UEC 16

Balto.

12/17/878 Gardens of Faith Balto.

Maryland

12/17/878 Gardens of Faith Balto.

Maryland

12/17/878 Gardens of Faith Balto.

12/17/878 Gardens of Faith Balto.

Maryland

12/17/878 Gardens of Faith Balto.

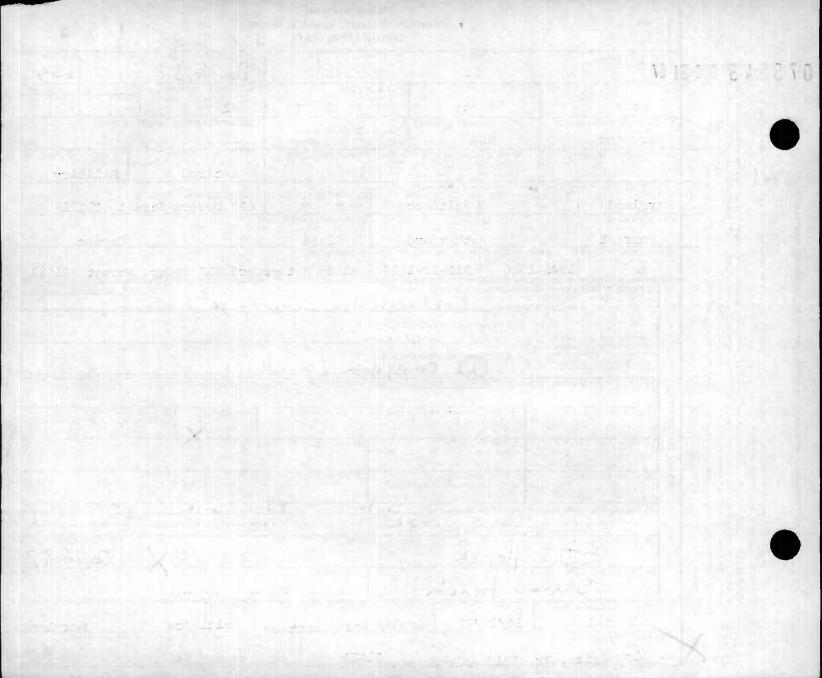
DHMH - 16 60M 7/84 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL 236. DATE

Burial

24 FUNERAL DIRECTOR

	1				STAT	E OF MARYLA	ND					
	1	FOR STATE REGISTRAR		F DEPART		ICATE OF D	BIENE B / REG. 1	3 5	1 3	6		
		CEASED NAME FIRST		MIDDLE	LAST			20. DATE OF DEATH	DAY YEAR	2b. HOUR		
) 8 4 5 DEC 2	11 6	DADE	RT	L.	RI	JTHERFOR	RD	Dan 16,	81		650P N	
ě Čě	3. SE	X	4 RACE		5. DATE O		1	6. AGE (IN YEARS LAST B		IF UNDER 1 YEAR	IF UNDER 24 HRS	
rs of		Male	Wh	nite	08	05	26	61	YRS.	MONTHS DAYS	HOURS MIN.	
8 Post 50 %	70 B	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	B.	D X NEVER M	ADDIED	9. BALTIMORE CITY		OF DEATH		
nero 77	1	Maryland	US	SA	WIDOW		ORCED	BALTIMORE	OTM37		MD	
P P P P P P P P P P P P P P P P P P P	10. C	ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	IG HOME	OR OTHER INST		120 USUAL OCCUPA	TION		F BUSINESS OR	
1 1 1	I	BALTIMORE	UNION MEMORIAL HO			PITAL		Retire		E) INDUSTRY Milit	tarv	
or e a	USU	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION								July	
24 th	100	aryland 13b COU	_	Baltimo				13e.STREET ADDRESS 833 Power	ZIP CODE	no+ 211	211	
within 24 within 24 d 2 should miner must		ATHER'S NAME	Dareimore			15. MOTHER'S	- Land		.S ULLE	EL 212	277	
b d w		Forrest	MIDDLE LAST FIRST					MIDDLE		LAS		
5 0-	160 V	WAS DECEASED EVER IN U.S. AR		lutherfor		Els:		ADDI	RESS	Snyder		
		YES, NO OR UNKNOWN) LIFYES GI	1986	212-22-						G	07.07.7	
re be rers. Po		-				Frreu	Ruthe	rford 833 F	owers		21211	
strificate be ex g physicion on onpopers. Pog emovol. event, the med		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE		BETWEEN	MATE INTERVAL DNSET AND DEATH							
ng p pon tem		IMMEDIATE CAUSE (0) (avdiovas cular compromise										
oth ce ending corb n, or b notic			DUE TO, O	R AS A CONSEQUE	ENCE OF							
deot otton, rroum		Conditions, if ony, which gove rise to immediate (b)										
the re-		couse (a), stoting the	DUE TO, O	RAGA CONSEQUI	ENCE OF	1	. 0			314.0		
thot d by leose iof, cr		underlying couse lost.	(c)	L) em	PYE	ma /	acid	losis				
signe hen pl to bun	Z	PART 2. OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERM	AINAL DISEASE OR CO	NDITION GIVE	EN IN PART 110)	
been mit. I prior ony ir	CERTIFICATION	19a. DATE OF OPERATION	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFOR	RMED	20a AUTOPSY?	20b. IF YES	, WERE FINDIN	IGS LISED	
Per se le le	문		11 15 15 15					YES TO NOW	IN CERTIFY	YING CAUSES	OF DEATH?	
Vsicio ysicio core onsit Hygre	18	210. ACCIDENT WAS UNDERLYING	21b. TIME O	FINJURY		121c HOW INJ	URY OCCUR	RED (ENTER NATURE OF IN)			NO []	
AP TIPE		OR CONTRIBUTING CAUSE OF DE	1177	M. MONTH D.				TENTER HATORE OF THE	gar ira irgan ig	ant i On i ant 2)		
HYSIC Iding Is cer burio Ment	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE)	21e. PLACE		19	211. LOCATIO	N					
opten	ME	WHILE NOT WHILE AT WORK AT WORK		EET, FACTORY, OFFICE, F	ARM ETC }	STREET		CITY OR T	OWN	COUNTY	STATE	
Af or or see of the or mo		220 I certify that (I) (this hosp	tol) ottended th	e deceosed from_	Der	16	. 19 8	10 Dan 6		1987	that (1) (we) last	
TTEN Sittol For u		sow the deceased alive on		6 19	87 . 01	nd that in (my) (our) opinion	death occurred on the	dote and hour			
OR A e hoss ched ched bept.	113	above, (I) (we) (did) (did no 22b. SIGNATURE	I view the bady	Offer death.		DEGREE				22c. DATE	SIGNED	
14 75 9 4		10.5		AFF (Do	1687						
HOSPITAL FUNERAL uld be deto the Stote ORTANT: It	1	22d. PHYSICIAN'S NAME (TYPE O	PR PRINT)	1		22e ADDRESS	HYSICIAN L	DIRECTOR PHYS	CIAN	120	10,07	
수를 포함 # %		Ste	e H	ench								
Sp.	220	CONTRACTION DEMOVAL	11		1445.05.0			RIAL HOSPIT	AL			
	230.	Burial, CREMATION, REMOVAL				EMETERY OR CI		23d. LOCATION CITY OR TOWN		COUNTY	STAIE	
BP	24	JNERAL DIRECTOR	12/19	/8/ Lo	oudon	Park Ce	meter	Baltimo		N	Maryland	
DHMH - 16 60M 7/84	1	NAME		ADDRESS			250 DAT	E REC'D. BY REGISTRAI	D. REGISTE	(AR'S SIGNATI	JRE	
(VRA 15, 4)	A.	Alan Seitz, J	r. 3818	Poland A	2	1211	UE	NGU 1.8 8	AB7 . 4	ulia Dioi	dern- Kandl	



0748	398 DEC	11.	R FTOR			n	EPARTMENT C	ATE OF A			CIENE				
	000000	4,5	- STATE REGISTRAR	UNKN.	#87-13	31 MED	ICAL EXAM					19	5. NO	1 8 7	
			DECEASED NA/		FIRST		WIDDIE		LAST		70 D	ATE KNOW		H DAY YEAR	26 HOUR
	ES. SE		TYPE OR PRINTS		Kevin		J.	R	yan .			OF ESTI-	0 12,	/ 6/ 19 87	M
	PE ECTO FELL FOL STRE	3 :	SEX	4 RACE	Art	ATE OF BIRTH	YEAR LAST BIR	THDAY) MONT		IF UNDER 24		OATE	MONTH	H DAY YEAR	24 HOUR
	ARY.	115	Male	Whit			1,1966	2v1s.			1	DEAD	12,		a M
	OR OR	1	BIRTHPLACE FOREIGN COUNTRY	3	2	CITIZEN OF WH	AT COUNTRY?	8. MARR	ED NEV	ER MARRIED	23			NTY OF DEATH	
	IS NECESSARY, PLEASE FUNERAL DIRECTOR. E. S. FOR YOUR FILES. E. WITHIN 72 HOURS WERESTON STREET,		New Je		2	I.S.A.	ITAL, NURSING HO	WIDOW		DIVORCED		altimo		K 126 KIND OF BUS	MD
	PATH SOLL	1	Baltir	nore	2	800 Blk	. Falls Re	d.	ek ii43111011		FOR MOST O	F WORKING LIFE		OR INDUSTR	Υ
1201	ANY DE COULD STEED	130	VAL RESIDENC STATE Maryla:	N3	LOUNTY		RESIDENCE BEFORE ADM	V	13d INSIDE CIT	Y LIMITS? 13	e STREET A	DDRESS		20737	
. O. 2	A 2 3 2 A		FATHER'S NAM					eruar		R'S MAIDEN			Ave.		
RE, A	TES ST	1	Dav.	id		DOLE	Ryan		Marjorie C.				Ulbric	cht	
0	1 2 3 1 0 -	160	WAS DECEAS	VAS DECEASED EVER IN U.S. ARMED FO ES, NO. OR UNKNOWN) I IF YES, GIVE WAR OR I NO NO			16b. SOCIAL SECU				Rodte#3 Bo				7110
0	S S S S S S S S S S S S S S S S S S S	4	No				212-68-	-1411	Davi	d A.	Ryan			,Marylan	nd
XU	NAT W		18. CAUSE PART I	OF DEATH	(Enter anly and CAUSED BY:	e cause per line f	ar (a), (b), and (c).)		mla Tu	inci or	14	De la T		BETWEZ 0.6	BOEATH
1 8	A PERSONAL	1.	-18150		MMEDIATE CA		AS A CONSEQUENCE		bre ru	juries	5				
888	ZZ ZZ ZZ ZZ	1/		ans, if any		DUE TO, OK A	S A CONSEQUEN	LE OF							
3.	TED WIT N PENCI XAMINE AL - TRAI MENTAI N, OR R			rise to in a) stating th		(b) DUE TO, OR A	S A CONSEQUENC	E OF			-				
201	O WE A		lying co	ouse last.		(c)									
CORDS,	BE EXECUT ENDING" IN MEDICAL EX AS A BURIA ALTH AND / CREMATION	1		SIGNIFICANT C	DNDITIONS CONTR	IRUTING 10 DEATH BI	IT NOT RELATED TO THE T	ERMINAL DISEASI	OR CONDITION	GIVEN IN PART 1	(0)				
	F AED AS.	7	190 DATE C	19a DATE OF OPERATION		196 CONDITI	196 CONDITION FOR WHICH OPERATION WAS PERFORMED?							20 AUTOPSY?	
IIA	著寫書		4.11	11000000										YES 🏋	NO 🗆
OF.	ATE WEN	7 8				216. TIME OF	MONTH DAY Y	AR 21c. HC	OW INJURY C	OCCURRED (ENTER NATURE	OF INJURY IN ITE	M 18 PART 1 OR	PART 2)	
NO	SART OF THE COLOR	7	CONTRIBUT	ING CA	USE OF DEAT	H3:10KX	12/ 6/19	87 su		driver	of a	uto/lo	st co	ntrol/fixe	ed obj
DIVISION OF VII	IS CERTIFICATE SHOT RRITING THE WORD RDED TO THE CHI GE 3 SHOULD BE LIST TE DEPARTMENT OF 201 PRIOR TO BURING		21d. INJURY WHILE AT WORK	NOT W	HILE 😡	STREET, FACTO	FINJURY AT HOME DRY, FARM, ETC.)		CATION TREET	Falls	CITY	OR TOWN	C: L	YINUO	STATE
	E. THIS CIE, WRITE RWARDE STATE DO STAT	1	AT WORK	AT WO	RK P	I	oadway	280		Falls	Ra.,	Baite	o. CIT	y, Ma.	
	A THE STATE OF THE	4		//			ibid abofe, held a			Inspection		Juiry L.	and in my	apinian	
	AN SEE SE		death resu	Ited fram:	Natural ca	US95 J.	hacidafi X	Suicide	Hamicio	-	⊌ndetermine	ed manner			
	O MEDICAL EXAMI XECUTE THE CERTIFI AGE 4 SHOULD BE O FUNERAL DIREC FITER DEATH WITH ANTIMORE, MARNI		ACTUAL SIGNATURE	100	llu	Ub X	Thurst	Titte	ASSI	etant	_MEDICAL E	WALLED IF O	DAT	E 12/6/8	7
	A STA	7					1	, //							
	MER SEE		EXAMINER' (TYPE OR PR	INT)	Denn	is F. S	myth, M.D.)., Md	. 21201	
	54 A 5 A 4 A	230	BURIAL, CREM	ATION, REA	MOVAL 23b D	ATE 10-19	87 Ft Li	DCO T	R CREMATOR	RY	CITY OF TOW	on on two	od De	ince Geo	TE MD
07/84 25M	BP	24					anham Fu								
	DHMH - 17 (VR A15 ME (5))	9	013 Ar	napo	lis R	d. Lanl	ham, Mary	land	207	EG 1 4	4005	1.0	>~ 8		
							1				178.	- Alleg	- Cod	-	

FOR

- STATE

STATE OF MARYLAND

23c NAME OF CEMETERY OR CREMATORY

MEADOWRIDGE MEM.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 26 HOUR 12 87 14 3:00P AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYFAR IF UNDER 24 HRS 9. BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE CITY 12a. USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY TRUCKING CO. FREIGHT HANDLER 2700 NORTHSHIRE DR 21230 LAST CAVEY APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO COUNTY STATE (we) lost (our) opinion death accurred on the date and hour and from the causes stated 22c. DATE SIGNED DIRECTOR PHYSICIAN 1101 MAIDEN CHOICE LANE

DHMH - 16 50M 1/81 (VRA 15, 4)

BP

21229 ADDRESS HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE

23b. DATE

BARAHONA

730 BURIAL, CREMATION, REMOVAL

BURIAL

(SPECIFY)

24 FUNERAL DIRECTOR

BY REGISTRAR 256 REGISTRAR SIGNATA

73d LOCATION

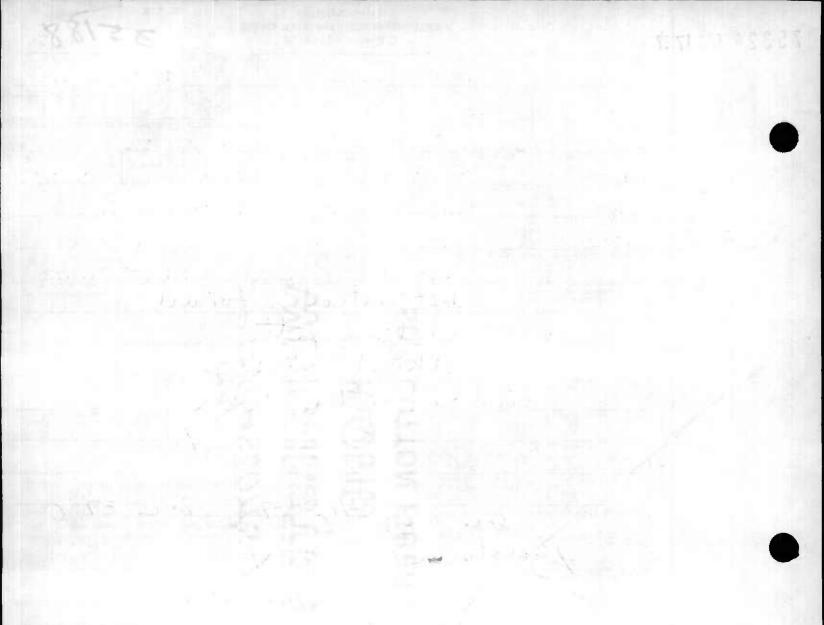
25a. DALE

ELKRIDGE

CITY OF TOWN

COUNTY

HOWARD



MIDDLE

FOR

- STATE

REGISTRAR

DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 20. DATE OF DEATH SAFFRON DECEMBER 9, 1987 IF UNDER TYEAR

23c NAME OF CEMETERY OR CREMATORY

21215

CHIZUK AMUNO

IF UNDER 24 HRS

21215

STATE

MARYLAND

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

BECKER

20b. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

22c. DATE SIGNED

Deorder Rendered

B'AT TYMORE

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH-16 50M 1/81 (VRA 15, 4)

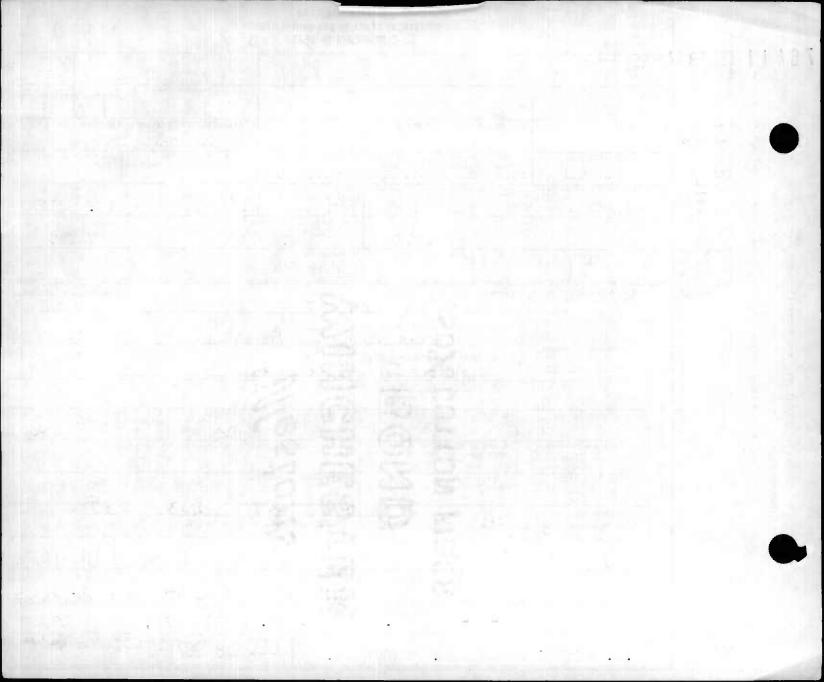
230 BURIAL, CREMATION, REMOVAL

BURTAL

24 FUNERAL DIRECTOR SOL LEVINSON

SO10 REISTERSTOWN RD. RALTO, MD

(SPECIFY)



TO DEAL MARKS ON THE THE PROPERTY AND MENTAL HYGIENE MEDICAL EXAMINET'S CERTIFICATE OBJECT! SHORE EXAMINET'S CERTIFICATE OBJECT! MEDICAL EXAMINET'S CERTIFICATE OBJECT! SHORE EXAMINET'S CHARGE TO THE PROPERTY OF THE PRO	111		I	Tem 8 Film	n G635	1-29-8	8		MARYLAND					
STATE OF THE ARMOND NAME OF THE PROPERTY OF THE ARMOND NAME OF THE ARM	X		-	STATE	RRiage	60				-	-3 13	1	9 1	
SHERE LYNN SALISBURY RACE Date of Birth	755	50 DEC			FIRST	ME		AMINEK:		40	REG. NO	5.	AV VEAR	- In though
DATE OF BRITH CASE PRIVATE CASE	1 0 0		TITY	GR PRINT)	CURRE	T.		AT TODIUS			OF ESTI-			Zb. HOUR
Female White Feb. 13,1956 31 ves. Female White Feb. 13,1956 31 ves. Month Month		LES LES	1 SEX	4 RAC			0					TZ-TO-		M HOUR
A BRITHPLACE UNITED TO A BRIT		ST S				MONTH DAY	YEAR	LAST BIRTHDAY) MI		MIN PROP	OUNCED	12 10	0.7	
TILINOIS OWN OF DEATH II NAME OF HOSTIAL, MURSING HOUSE OF CONTRET INSTITUTION BALLIMOTE UNIVERSITY STU UN		N N N N N N N N N N N N N N N N N N N						V2 0		9.84				10:25
10 CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, BURSING HOME OR OTHER INSTITUTION THE SUMPLE OF THE STEEL HOLD OF STREET HOSPITAL STEEL HOLD OF STREET HOSPITAL STEEL HOLD OF STREET	-	SE S	FO	REIGN COUNTRY)				MA		IED L			DEATH	
Baltimore Part Par		225	10 CI	I I I I NO I S	ATH I								KIND OF BU	ISINESS
CONTROL ANALYSE SPENCE IS INVALVABLE OF THE PROBLEMS CONTROL CONTROL OF THE PROBLEMS CONTROL OF THE PR	V	を開発を	2.			(IF NOT IN SUCH F	ACILITY, GIVE STREE	T ADDRESS)	THE RESTRICTION	Mater	E WORKING LIFE)		OR INDUST	RY
33. STATE 138. CQUISING 134. ENRICHMENT 134. STATE 134. STAT		DEN ON -										yst 11	eten	se
The patterns name Patterns The	130	39439	130 S	TATE	1136 COUNTY	THE RESERVE AND ADDRESS OF THE PERSON NAMED IN	13c. CITY OF	RTOWN		13e STREET A	DDRESS	7770	21	206
William Middleton Evelyn Feather No	0.2	世人の記述		-	212	00	IDalt	imore			паратт	e Ave.	21	200
No. WAS DECEASED EVER NULS. ARMED PROCESS 145 SOCIAL SECURITY NO 118 B - 50 - 0188 William R. Middleton Towson, MD2120 118 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) William R. Middleton Towson, MD2120 William R. Middle	F. N	#- 803		FIRST					FIRST		MIDDLE	For	ther	
No	NO.	B0530	16e. V	VAS DECEASED EVER							ADDRESS		COLLECT	
PART DEATH WAS CAUSED BY Multiple injuries DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) toling the under (b) DUE TO, OR AS A CONSEQUENCE OF (c) TART 2 DINES SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED? TART 2 DINES SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED? TART 2 DINES SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED? TART 2 DINES SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED? TART 2 DINES SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED? TO SIGNIFICANT CONDITION FOR WH	ATTA	NE PER SON	(YI		(IF YES, GIVE WA	R OR DATES)	B18-5	0-0188	William	R. Mic	dleton	Towso	on, M	D2120
PART DEATH WAS CAUSED BY Multiple injuries DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) toling the under (b) DUE TO, OR AS A CONSEQUENCE OF (c) TART 2 DINES SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED? TART 2 DINES SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED? TART 2 DINES SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED? TART 2 DINES SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED? TART 2 DINES SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED? TO SIGNIFICANT CONDITION FOR WH	2	S S S S S S S S S S S S S S S S S S S		18 CAUSE OF DEA	TH (Enter only o	one cause per lin	e far (a), (b), a	nd (c).)						
Conditions, if ony, which gove rise to immediate course (a) storing the under lying course lost. (b) DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT COMDITIONS CONTROLLING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 1 (a). 18. DATE OF OPERATION 19. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210. EXTERNAL CAUSE WAS UNDERFYING MORE 101. THOSE OF INJURY HOUR AM, MONTH DAY YEAR 210. EXTERNAL CAUSE WAS UNDERFYING MORE 210. THOSE OF INJURY HOUR AM, MONTH DAY YEAR 211. EXTERNAL CAUSE WAS UNDERFYING MORE 210. THOSE OF INJURY HOUR AM, MONTH DAY YEAR 211. THOSE OF INJURY (AT HOME. 211. THOSE OF INJURY (AT HOME. 212. Learning the little from. Notword courses of the remains described above, held an death resulted from. Notword course interlated from inter	TS N	DE SERVE		PARTIDEATHV	VAS CAUSED B	SY:			ries			-	IEI WEEN ONSE	I AND DEATH
GOVER FIRE 10. immediate course (a) staining the under lying course lost. The condition for which operation was performed? 18. Date of operation 18. Date of injury 18. Date of operation 18. Date of operation 18. Date of injury 18.	1013	SESESS!	7	8/20	JIMMEDIATE								TO CIT	
COURSE (c) STORM TO COURSE (c) FART 2 DIMER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to FART 2 DIMER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to FART 2 DIMER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to FART 2 DIMER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to FART 2 DIMER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to FART 2 DIMER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to FART 2 DIMER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED? FART 2 DIMER SIGNIFICANT CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED? FART 2 DIMER SIGNIFICANT CONTRIBUTIONS CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED? FART 2 DIMER SIGNIFICANT CONTRIBUTIONS CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED? FART 2 DIMER SIGNIFICANT CONTRIBUTIONS CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED? FART 2 DIMER SIGNIFICANT CONTRIBUTIONS CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED? FART 2 DIMER SIGNIFICANT CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED? FART 2 DIMER SIGNIFICANT CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED? FART 2 DIMER SIGNIFICANT CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED? FART 2 DIMER SIGNIFICANT CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED? FART 2 DIMER SIGNIFICANT CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED? FART 2 DIMER SIGNIFICANT CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED? FART 2 DIMER SIGNIFICANT CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED? FART 2 DIMER SIGNIFICANT CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED? FAR	2	HE SEE				(b)								
220. I certify that I took charge of the remains described above, held an Autopsy X, Inspection I, Inquiry I, and in my opinion death resulted from. Natural causes I, Accident X, Suicide I, Hamicide III Penn Street ACTUAL SIGNATURE EXAMINER'S NAME Margarita A. Korell, M.D. ADDRESS 111 Penn Street 230. BURIAL CREMATION, REMOVAL 23b DATE (SPECIFY) BURIAL DEC. 19, '87 MORELAND MEM. PARK BURIAL DEC. 19, '87 MORELAND MEM. PARK BALTIMORE CO., MD 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR'S SIGNATURE	3	MIN MIN OR		couse (a) statin	g the under-	DUE TO, OI	R AS A CONSE	QUENCE OF	1 2 2 2 3 3 3 4		3- 6 Nat	100		
220. I certify that I took charge of the remains described above, held an Autopsy X, Inspection I, Inquiry I, and in my opinion death resulted from. Natural causes I, Accident X, Suicide I, Hamicide III Penn Street ACTUAL SIGNATURE EXAMINER'S NAME Margarita A. Korell, M.D. ADDRESS 111 Penn Street 230. BURIAL CREMATION, REMOVAL 23b DATE (SPECIFY) BURIAL DEC. 19, '87 MORELAND MEM. PARK BURIAL DEC. 19, '87 MORELAND MEM. PARK BALTIMORE CO., MD 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR'S SIGNATURE	20	DAN ON,	3	lying couse last		(c)						100		
220. I certify that I took charge of the remains described above, held an Autopsy X, Inspection I, Inquiry I, and in my opinion death resulted from. Natural causes I, Accident X, Suicide I, Hamicide III Penn Street ACTUAL SIGNATURE EXAMINER'S NAME Margarita A. Korell, M.D. ADDRESS 111 Penn Street 230. BURIAL CREMATION, REMOVAL 23b DATE (SPECIFY) BURIAL DEC. 19, '87 MORELAND MEM. PARK BURIAL DEC. 19, '87 MORELAND MEM. PARK BALTIMORE CO., MD 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR'S SIGNATURE	EDS.	SKE CAL CAL AND MATI	110	PART 2 OTHER SIGNIFICAL	NT CONDITIONS CON	NTRIBUTING TO DEATH	BUT HOT RELATED	TO THE TERMINAL OF	EASE OR CONDITION GIVEN IN PA	RT 1 ia.				
220. I certify that I took charge of the remains described above, held an Autopsy X, Inspection I, Inquiry I, and in my opinion death resulted from. Natural causes I, Accident X, Suicide I, Hamicide III Penn Street ACTUAL SIGNATURE EXAMINER'S NAME Margarita A. Korell, M.D. ADDRESS 111 Penn Street 230. BURIAL CREMATION, REMOVAL 23b DATE (SPECIFY) BURIAL DEC. 19, '87 MORELAND MEM. PARK BURIAL DEC. 19, '87 MORELAND MEM. PARK BALTIMORE CO., MD 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR'S SIGNATURE	0	AS A ALTH	O N		A. S.									
220. I certify that I took charge of the remains described above, held an Autopsy X, Inspection I, Inquiry I, and in my opinion death resulted from. Natural causes I, Accident X, Suicide I, Hamicide III Penn Street ACTUAL SIGNATURE EXAMINER'S NAME Margarita A. Korell, M.D. ADDRESS 111 Penn Street 230. BURIAL CREMATION, REMOVAL 23b DATE (SPECIFY) BURIAL DEC. 19, '87 MORELAND MEM. PARK BURIAL DEC. 19, '87 MORELAND MEM. PARK BALTIMORE CO., MD 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR'S SIGNATURE	N. N.	SED SED AL,	CAT	190. DATE OF OPER	ATION	196 COND	ITION FOR WH	HICH OPERATION	WAS PERFORMED?		213175	2	AUTOPSY	2
220. I certify that I took charge of the remains described above, held an Autopsy X, Inspection I, Inquiry I, and in my opinion death resulted from. Natural causes I, Accident X, Suicide I, Hamicide III Penn Street ACTUAL SIGNATURE EXAMINER'S NAME Margarita A. Korell, M.D. ADDRESS 111 Penn Street 230. BURIAL CREMATION, REMOVAL 23b DATE (SPECIFY) BURIAL DEC. 19, '87 MORELAND MEM. PARK BURIAL DEC. 19, '87 MORELAND MEM. PARK BALTIMORE CO., MD 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR'S SIGNATURE	VIE	SHOW THE CHARLES	TIF										YES X	NO 🗆
220. I certify that I took charge of the remains described above, held an Autopsy X, Inspection I, Inquiry I, and in my opinion death resulted from. Natural causes I, Accident X, Suicide I, Hamicide III Penn Street ACTUAL SIGNATURE EXAMINER'S NAME Margarita A. Korell, M.D. ADDRESS 111 Penn Street 230. BURIAL CREMATION, REMOVAL 23b DATE (SPECIFY) BURIAL DEC. 19, '87 MORELAND MEM. PARK BURIAL DEC. 19, '87 MORELAND MEM. PARK BALTIMORE CO., MD 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR'S SIGNATURE	9	ANEN MEN					M. MONTH D	AY YEAR						
220. I certify that I took charge of the remains described above, held an Autopsy X, Inspection I, Inquiry I, and in my opinion death resulted from. Natural causes I, Accident X, Suicide I, Hamicide III Penn Street ACTUAL SIGNATURE EXAMINER'S NAME Margarita A. Korell, M.D. ADDRESS 111 Penn Street 230. BURIAL CREMATION, REMOVAL 23b DATE (SPECIFY) BURIAL DEC. 19, '87 MORELAND MEM. PARK BURIAL DEC. 19, '87 MORELAND MEM. PARK BALTIMORE CO., MD 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR'S SIGNATURE	O.	ELC PAG	CA						triver of ar	lauto v	tho struc	k the	rear o	of a
220. I certify that I took charge of the remains described above, held an Autopsy X, Inspection I, Inquiry I, and in my opinion death resulted from. Natural causes I, Accident X, Suicide I, Hamicide III Penn Street ACTUAL SIGNATURE EXAMINER'S NAME Margarita A. Korell, M.D. ADDRESS 111 Penn Street 230. BURIAL CREMATION, REMOVAL 23b DATE (SPECIFY) BURIAL DEC. 19, '87 MORELAND MEM. PARK BURIAL DEC. 19, '87 MORELAND MEM. PARK BALTIMORE CO., MD 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR'S SIGNATURE	N N	ロニッの〇	MED			STREET, FAC	TORY, FARM, ETC.)		STREET	СПУ	ORTOWN	COUNTY	,	STATE
BURIAL DEC.19, '87 MORELAND MEM.PARK BALTIMORE CO., MD 25M 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 250 R		ISSACA		AT WORK AT V	VORK	inte	rlope		1-95 695&Yor	k Rd.	Towson,	Maryla	na	
BURIAL DEC.19, '87 MORELAND MEM.PARK BALTIMORE CO., MD 25M 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 250 R		NES STE		220. I certify that	I took charge o	of the remains de		_	opsy X, Inspection	in . Inc	July . on	d in my opinio	n	
BURIAL DEC.19, '87 MORELAND MEM.PARK BALTIMORE CO., MD 25M 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 250 R		WE WE TO		death resulted from	n. Naturol	causes .	Accident	Suicide	, Hamicide	Undetermin	ed manner			
BURIAL DEC.19, '87 MORELAND MEM.PARK BALTIMORE CO., MD 25M 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 250 R		CER CER		ACTUAL A	1000	The	Mar	19				DATE 10	_17_0	7
BURIAL DEC.19, '87 MORELAND MEM.PARK BALTIMORE CO., MD 25M 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 250 R		SHOW HE WAS A SHOWN IN THE WAS A			wyn	o hos	444		M.D. ASSIST	MEDICAL	EXAMINER	SIGNED	-1/-0	
BURIAL DEC.19, '87 MORELAND MEM.PARK BALTIMORE CO., MD 25M 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 250 R		AED UNE E 4 8		EXAMINER'S NAME	Ma	argarita	A. Kor	cell,M.D		111 Penr	Street			
BURIAL DEC.19, '87 MORELAND MEM.PARK BALTIMORE CO., MD 25M 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 250 R		PAGINA AFTE	730 PI						ADDRESS	1234 LOCATI	ON			
25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE	07.0		(5	PECIFY									-	STAT
DHMH-17 NAME Agoress			24. Ft	INERAL DIRECTOR		,	0, 1101			REC'D. BY REG	STRAR 256 REGI	STRAR'S SIGN	ATLIBE	-
(VR A15 ME (5)) WILLIAM E. JOHNSON 8521 LOCH RAVEN BLVD. 18 1987		DHMH - 17 (VR A15 ME (5))	WI	LLIAM E.	JOHNS	ON 852	1 LOCH	RAVEN	BLVD.	1819	187 July	a disorder	n-Kaade	335

	DEPARTI	MENT OF H	OF MARYLA EALTH AND A ICATE OF D	MENTAL HYG	8 /	EG. NO.		5 1	9	2	
	MIDDLE	t	AST		20 DATE OF DEA	ATH MON	ITH .	DAY	YEAR	26 HOU	R
		Sä	ample		Decemb	er 2	8, 3	1987		8:5	5P M
BLACK		5. DATE C		YEAR	6. AGE (IN YEARS)	AST BIRTHDA		MONTHS	DAYS	IF UNDER	24 HRS MIN.
US OF		8. MARRIEI WIDOWE	NEVER A	AARRIED	9 BALTIMORE C	_			ATH		MD.
(IF NOT IN SUC	HOSPITAL, NURSIN CH FACILITY, GIVE STREET AND Genera	ADDRESSI		ITUTION	170 USUAL OCC 11YPE OF WORK FOR RETI	MOST OF WO	RKING (I		JSTRY	MEST.	
ER INSTITUTION	GIVE RESIDENCE BEFORE 13c CITY OR TOW BALTTMO	'N	134 INSIDE C	ITY LIMITS?	13e.STREET ADD				AV	E 21:	216
DIE	MASON	V		FIRST JENNIE	AN IE	PDLE			DUK		
D FORCES? AR OR DATES)	217 07 C		MRS. ELINOR TURNER 708 WHITMORE AV						VE 2	1216	
ne couse per Y.	line for (o), (b), on Massive A	nteri	Cardiog or Myoc	enic S ardial	hock and Infarct:	ion				AATE INTER	
	r as a consequi										
(c)	r as a conseque										
	ONTRIBUTING TO				INAL DISEASE OR	CONDITIO	ON GIV	EN IN P	ART IIo		
196 COND	Infarcti	OPERATION	Hyperte N WAS PERFO	RMED	200 AUTOPSY					GS USED	

couse (o), stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTI

(IF EITHER NOTIFY MEDICAL EXAMINER)

NOT WHILE

71d. INJURY OCCURRED

Conditions, if any, which

gove rise to immediate

STATE I. DECEASED NAME (TYPE OR PRINT)

FEMALE

COUNTRY

13a STATE

BIRTHPLACE (STATE OR FOREIGN

MARYLAND

10. CITY OR TOWN OF DEATH

DAVID

(YES, NO OR UNKNOWN)

Baltimore

MARYLAND 14. FATHER'S NAME FIRST

3. SEX

Edith

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE

168 WAS DECEASED EVER IN U.S. ARMED FORCES?

136 COUNTY

18 CAUSE OF DEATH (Enter only one couse per line PART I. DEATH WAS CAUSED 8Y

MIDDLE

(IF YES, GIVE WAR OR DATES)

IMMEDIATE CAUSE (0)_

4 RACE

76 CITIZEN OF WHA

US OF A 11. NAME OF HOS

page 3

Page!

physicial

60

offend

signed Then pl

been

certificate has the bunal-transit per and Mental Hygiene

FUNERAL DIRECTOR

2

attending

please þ

à

00

Heal

5

marked

IMPORTANT

r use as t Health a

old be detach the State De

ō

traumatic

CERTIFICATION

MEDICAL

AT WORK

Previous Myocardial In

190 DATE OF OPERATION 196 CONDITIO 71a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH

NOT YES [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

P.M. 21f LOCATION 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) STREET

CITY OR TOWN

AT WORK 27a. I certify that (*K (this hospital) attended the deceased from December December 28 19 87 and that sow the decreased alive on DECEMBET 28 above, (1) (Ne) (did (d) XX view the body after death

28 87 to December 28 19 87 and that in (max (our) opinion death accurred on the date and hour and from the causes stated

72L SIGNLAR

ATTENDING MEDICAL PHYSICIAN DIRECTOR 77e ADDRESS

STAFF PHYSICIAN

221 DATE SIGNE

COUNTY

NO [

STATE

c/o Maryland General Hospital

230 BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) BURTAT

23c. NAME OF CEMETERY OR CREMATORY

BALTIMORE NAT.

DEGREE

23d LOCATION CITY OR TOWN BALTIMORE

STATE COUNTY MD.

24 FUNERAL DIRECTOR

ADDRESS

BY REGISTRAR 251 REGISTRAR'S SIGN ATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

LEWIS T. GWYNN 4517 PARK HEIGHTS AVE 21215

4/88

Mar 23, 130.0 EA, 130.0 EA LEVEL DEVICE DEVICE DEVICE TO THE STATE OF STATE AND STATE OF STAT

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 2a DATE OF DEATH MONTH 25. HOUR 5. DATE OF BIRTH AGE LIN YEARS LAST BIRTHDAY) IF UNDER I YEAR BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED DIVORCED NAME OF HOSPITAL OR OTHER INSTITUTION 126 KIND OF TYPE OF WORK FOR MOST OF WORKING LIFE! STE CITY OR TOWN 13d INSIDE CITY LIMITS? 13e.STREET ADDRESS YES THE NO 15. MOTHER'S MAIDEN NAME FIRST LAST

	MOKACE	NANTOKI	LUCY	U.	LAWSON
	VAS DECEASED EVER IN U.S. yes, no or unknown)		HARVEY O.	SANFORD 3511	DENNLYNRD.
	PART I DEATH WAS CAL	er only one couse per line (a) (b), ond ic USED BY: DIATE CAUSE (o)	try Fa	cilme	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which		Coshi	view 4	my
	gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUENCE OF		ligerse	0
NO	PART 2 OTHER SIGNIFICAN	NI CONDITIONS CONTRIBUTING TO DEATH BUT		NAL DISEASE OR CONDITION	SIVEN IN PART 110
AT	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	20s AUTOPSY? 20b. IF	YES, WERE FINDINGS USED

226.1 certify that (1) (this hospital) attended the deceased from _, that (1) (we) lost sow the deceased olive on obove, (I) (we) (did) (did not) view the body ofter death. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 226. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN TYPE OR PRINT 22e ADDRESS

211 LOCATION STREET

YEAR

230. BURIAL, CREMATION, REMOVAL 23b. DATE

21g. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

LIF EITHER NOTIFY MEDICAL EXAMINER

NOT WHILE

21d INJURY OCCURRED

WHILE

23c NAME OF CEMETERY OR CREMATORY

23d LOCATION

NO

CITY OR TOWN

214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART 1 OR PART 2)

STATE

IN CERTIFYING CAUSES OF DEATH?

YES [

24 FUNERAL DIRECTOR

FOR

REGISTRAR

FIRST

I STATE OR FOREIGN

USUAL RESIDENCE IN NURSING HOME OR OTHER INSTITUTION 130. STATE 13b COUNTY

4 RACE

MIDDLE

DECEASED NAME

- STATE

LIYPE OR PRINTS

To BIRTHPLACE

COUNTRY

14. FATHER'S NAME

CERTIFICA

MEDICAL

ID. CITY OR TOWN OF DEATH

FIRST

3. SEX

21b. TIME OF INJURY

P.M.

21e PLACE OF INJURY

MONTH DAY

AT HOME, STREET, FACTORY, OFFICE FARM, ETC.)

HOUR A.M.

250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE

THE STATE OF THE S ALCOUNT STREET STREET ELECTRICAL PROPERTY DELIVER LANGUER STATE CAN Market and Black Medit Market and Part of Street and Did. THE STATE OF THE PERSON OF THE An all the second sections and the second se THE STATE OF SHEET AS A SHEET AS The state of the s

	S	TA	TE	OF	M	ARYL	ANI

3 5 1 9 4	
-----------	--

0710	1			STATE OF MARYLAND	The second second	19.6
074685	P50	10.07	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	2 /	* 64
	1. DI	CEASED NAME FIRST	MIDDLE	LAST	REG. NO.	OAY YEAR 26 HOUR
be 3		IRENE	Rechel	SATOR	12/5/87	7 44E M
moy be r, poge 3 frer death	3. SI		4. RACE	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	FUNDER I YEAR IF UNITER 24 HRS
oge 4	11	-cmale	CAUCASIAN	1-7-1894	93 YRS	
oth. Po	7a E	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNTY	OF DEATH
	18	AITO, md	OU.5.A	WIDOWED DIVORCED	BAltimore	CI/V MD
within	10.0	TITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	NG HOME OR OTHER INSTITUTION TADDRESS)	120 USUAL OCCUPATION	
The second	\$	AltinoRe	Wesley Ret	TRamant Centra	Production	Cloth Manufact
d hou					13e.STREET ADDRESS / ZIP CODE	
1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		aryland	Baltimo		2211 W. Rogers	Ave. 21219
within d 2 sh	/ 14. F	ATHER'S NAME	MIDOLE LAST	15. MOTHER'S MAIDEN NA		LAST
w hale ond	1	lisha	B SATO			RNalius_
n ond co		WAS DECEASED EVER IN U.S. A	DIE WAR OR DATES		ADDRESS	
B Poor		No	2/2-07-	-2598		
ficote la paperson paperson iovol.		18. CAUSE OF DEATH (Enter of	only one couse per line for (a), (a)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ertific bond remo	-		ATE CAUSE (a)	reumohia.		Acute
th ce corb corb		110	DUE TO, OR AS A CONSEQU		O.O.A.T.X.	V 0
dea offe offer rour		Conditions, if ony, which gave rise to immediate	(b)	ecurrent 173	PIRATION	1-laus
by the		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQU	VENCE OF OVGANIC	Domentiz	Years
s the sed		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO		MINAL DISEASE OR CONDITION GIV	/EN IN PART I/a
quire sign Then p to bu	Z					
been mit. I prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATION WAS PERFORMED		S, WERE FINDINGS USED
hos per	7 \(\)	His Prince				YING CAUSES OF DEATH?
N. Thysicic	E E	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY OCCUI	RRED (ENTER NATURE OF INJURY IN ITEM 18	PART OR PART 2)
A de la		OR CONTRIBUTING CAUSE OF D		19		
d s of t	MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY STATE
G Protein the	E	WHILE NOT WHILE	(AT HOME, STREET, FACTORY OFFICE	FARM, ETC) STREET	CITY ON TOWN	STATE
Mor Aft	9	1/-1/	pital) attended the deceased from.	5/12 19 8/	10 /2/5	19 87 that we we last
TEN TOR Or o	8	sow the deceased alive	11/2 19	87_, and that in ((out) opinion	death accurred on the date and hou	
OR Allos DIREC sched Coched Dept.	7	22b. 515 (A.U.) #	o) view the body after death.	DEGREE		22c DATE SIGNED
	1	4 Cot wat	8. Holey	MID ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	12-7-87
HOSPITAL ned by It FUNERAL Jid be det to the Store ORTANT:	7	224 PHYSICIAN'S NAME (TYPE	OR PRINT)	174 ADDRESS	7	17-101
	/	ROBERT	E. 140BY	MD 6 WIL	PBERRY CT	2/234
of To Show	23 a.	BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATORY	23d LOCATION	
BP		Burial	12/09/87 Wo	odlawn Cemetery	Woodlawn, Balto	. Co., MD STATE
DHMH - 16 60M 7/84		UNERAL DIRECTOR			TE REC'D. BY REGISTRAR 256 REGIS	TRAR'S SIGNATURE
(VRA 15, 4)	Bu	rgee-Henss Fune	eral Home 3631°Fa	alls Rd. 21211 D	EC - 9 198/	colden. Randallo

MARYLAND 2120

DIVISION OF VITAL RECORDS,

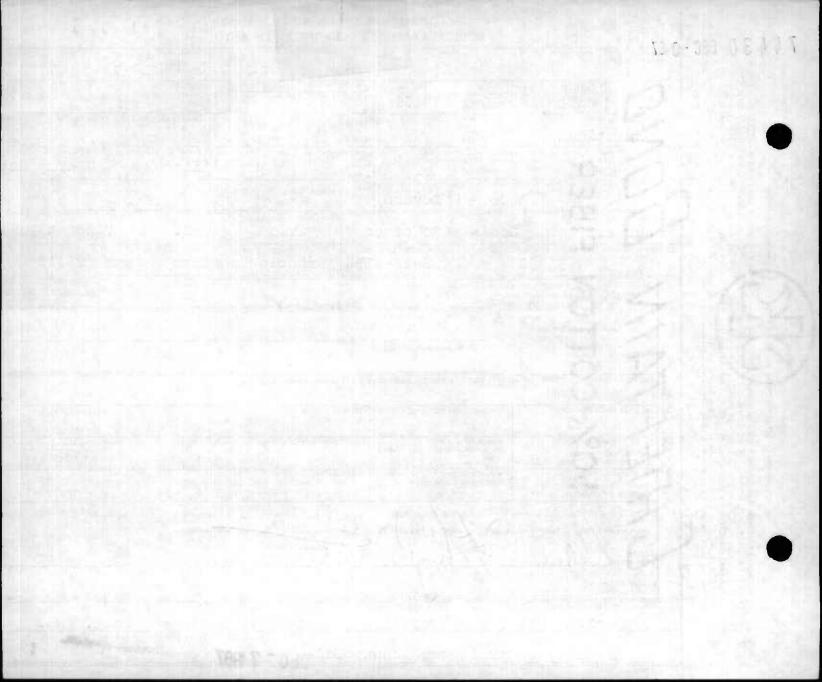
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	FOR STATE REGISTRAR	DE		IEALTH AND MENTAL HYG	IENE / REG. N	5 1	9	7		
	1. DECEASED NAME FIRST	WIDDLE		LÄST	20 DATE OF DEATH	MONTH DAY	YEAR	2b HOUR		
ı	(TYPE OR PRINT)	S VERNON	I SA	WYER, SR.	1	2/30/87		11.00		
ł	1 SEX	4 RACE	5. DATE (6. AGE (IN YEARS LAST BI		DER TYEAR	IF UNDER 24 HRS		
ı	MALE	WHITE	MONT		72	YRS	SIDAYS	HOURS MIN.		
ł	To BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COL	INTRY? 8	V	9. BALTIMORE CITY C		EATH			
1	VIRGINIA	U.S.A.	WIDOWI	NEVER MARRIED DIVORCED D	BALTIMORE	CTTY		MD.		
1	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL,	NURSING HOME		120 USUAL OCCUPAT	ION 121		OF BUSINESS OR		
1	BALTO. CITY		OSPITAL 9	900 caton ave	QUALITY CC	ATROL A	RMCO	STEEL		
4	130. STATE 13b CC	DUNTY BALT	T I MORE	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS 2130 PARK	/ ZIP CODE	NUE	21230		
4	14. FATHER'S NAME	WIDDLE	AST	15. MOTHER'S MAIDEN NAM	WE		LAS	7		
4	THOMAS	EDWARD	SAWYER	MARY	EMMA			LTER		
T	160 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? 166 SOCIA	AL SECURITY NO.	17 INFORMANT	ADDR	ESS				
L	YES		12-9073	Margaret Saw	yer 2130 Pa	rksley A	ve.	21230		
Ī	18 CAUSE OF DEATH Enter	18 CAUSE OF DEATH Enter only one cause per line far (a), (b), and (c) PART I. DEATH WAS CAUSED BY:								
ı		DIATE CAUSE (a)	-dio Pula	nonary acrest				MATE INTERVAL ONSET AND DEATH		
١		DUE TO, OR AS A COM	SEQUENCE OF)						
1	Canditians, if any, which	((b)	1	neumanna (x) L	ung					
I	gave rise to immediate cause (a), stating the	DUE TO, OR AS A COM	NSEQUENCE OF	0						
I	underlying cause last	(10) Chrahama Keorum								
١		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN								
7	190 DATE OF OPERATION 11 25 87 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WER	RE FINDIN	IGS USED		
4	五 111 72 8子	Carinon	a Kectus	~	YES NO 12	YES T	ING CAUSES OF DEATH?			
1	210. ACCIDENT WAS UNDERLYING		TIL DAY VEAD	21c HOW INJURY OCCURR		RY IN ITEM (8 PART) O	R PART 2)			
1	OR CONTRIBUTING CAUSE OF	DEATH	TH DAY YEAR							
1	OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM 21d INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATION	CITY OR TO	own c	OUNTY	STATE		
1	NOT WHILE AT WORK	(AT HOME STREET, FACTORY,	OFFICE, FARM ETC)	SINCE	Citronic			STATE		
1	220.1 certify that (I) (this ha	spital) attended the deceased	from on De	C 30/2 1987	, ta	, 19		that (I) (we) last		
ı	saw the deceased alive	an Dec 30Th	_19_87_, ai	nd that in (my) (aur) apınian o	death occurred an the d	ate and haur and	fram the	causes stated		
1	17% SIGNATURE	natiview life body differ dealing		DEGREE		7	2c DATE	SIGNED		
1	bet	75		M.D. ATTENDING PHYSICIAN	MEDICAL STA		12	30/87		
1	226 PHYSICIAN'S NAME (TY	PE OR PRINT)		22e ADDRESS						
1	V. setya			St. Agnes Hosp	ital 900 CATI	IN AVE BA	ltimore	LMD 21229		
Ī	23a BURIAL, CREMATION, REMOV		23c NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		A IT V	K7.14		
	BURIAL	1/2/88		PARK CEMETERY	BALTIMORE		MAI	RYLAND		
ſ	24 FUNERAL DIRECTOR	40	21	.229 250. DATI	E REC'D. BY REGISTRAR	256 REGISTRAR'S	SIGNAT	URE		
1	HUBBARD FUNERAL	HOME, INC. 41	07 WILKE	NS AVE.		1.1 200	-0	9100		

DHMH - 16 60M 7/84 (VRA 15, 4)

- Renew - (1) 1-11 | 10-11-11

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF BEATH REGISTRAR DIN EASED NAME 20. DATE KNOWN X MONTH (TYPE OR PRINT) ESTI-L. Herbert Jr. Scheiner DEATH MATED 12/ 4/19 87 4. RACE 6 AGE (IN YEARS 3 SEX 5 DATE OF BIRTH IF UNDER 1 YR. IF UNDER 24 HRS DATE PRONOUNCED 9-22-1936 Male White DEAD 4/ 10 87 ам BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY) Connecticut USA Baltimore City, DIVORCED CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Military USArmy University Hospital STU Baltimore SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) STATE 13d INSIDE CITY LIMITS? 13e STREET ADDRESS COUNTY AACO. 1901 Huguenot Pl FATHER'S NAME 15. MOTHER'S MAIDEN NAME Louis Herbert Scheiner Marie Vincent 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 7. INFORMANT **ADDRESS** (YES, NO, OR UNKNOWN) 025-28-1198 Francis Scheiner Same as##13 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART LDEATH WAS CAUSED BY Head Injuries IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 19g. DATE OF OPERATION EXECUTE THE CERTIFICATE, WRITING THE WORD THE PAGE 4 SHOULD BE FORWARDED TO THE CHIEF A TO EUNERAL DIRECTOR, PAGE 3 SHOULD BE USED. AFTER DEATH, WITH THE STATE DEPARTMENT OF HE. BALLIMORE, MARYDAND, 21201 PRIOR TO BURIAL, (C. 1974). 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES TO 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY TIC. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART I OR POBLICET impact HOUR ANYMONTH DAY YEAR UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH 9:59 P.M. 12/ 3/19 87 subject driver of auto/lost control/fixed 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) roadway Cooper & Wigle Ave. Ft. Meade, Anne Arundel, Mi 21s. I certify that I bok charge of the remains developed above, held an inspection death resulted # Undelermined monner DATE SIGNED_ 12/4/87 EXAMINER'S NAME Dennis F. Smyth, M.D. 111 Penn St., Balto., Md. 21201 (TYPE OR PRINT) **ADDRESS** 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATOR 23d. LOCATION Westview Crematory Baltimore Cremation 12 - 7 - 87Balt. Md. 07/84 25M 24 FUNERAL DIRECTOR **DHMH** - 17 Annapolis Hardesty funeral Home (VR A15 ME (5))



BP.

DHMH - 16 50M 1/BI (VRA 15, 4)

Connelly Funeral Home 300 Mace Ave.

STATE OF MARYLAND

3	100	1	9	9
REG. N	10.			

	FOR STATE REGISTRAR			EALTH AND MENTAL HYGI EICATE OF DEATH &	REG. NO.	9 9
(TYPE	CEASED NAME FIRST		SCH	HELLE	20. DATE OF DEATH MONTH DA	2 87 1045
3. SEX	emale	4. RACE Whit			# 8€ 87 MC	IF UNDER 1 YEAR IF UNDER 24 HI
1	IRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	USA	MARRIE (Baltimore City or County C	ty
	Baltimore	North C	PITAL, NURSING HOME O CILITY, GIVE STREET ADDRESS) Charles Gener		126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) HOUSEWIFE	12b. KIND OF BUSINESS (INDUSTRY
13a. S	AL RESIDENCE (IF NURSING HOME OR STATE 136, COUN Bal	VTY 13c.	RESIDENCE BEFORE ADMISSION) CITY OR TOWN hiteHall	YES NO K	130. STREET ADDRESS 19708 Trunk R	Road 21161
0	Galbert	MIDDLE Bough		15. MOTHER'S MAIDEN NAM	WIDDEE	LAST
	WAS DECEASED EVER IN U.S. AR. (YES, NO OR UNKNOWN) I IF YES, GIV	E WAR OR DATES)	SOCIAL SECURITY NO. 14-26-2586	Irving Arnole	d 19708 Trunk roa	
		ED BY: TE CAUSE (a)	S A CONSEQUENCE OF	neumoni		APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
	Conditions, if ony, which gave rise to immediate couse lot, stating the underlying couse last.	((c)	S A CONSEQUENCE OF S	1	hock	
ATION	PART 2 OTHER SIGNIFICANT OF	L F	RIBUTING TO DEATH BUT PORT OF THE CONTROL OF THE CO	E	INAL DISEASE OR CONDITION GIVES 20a AUTOPSY? 20b IF YES,	WERE FINDINGS USED
CERTIFICATION	21a. ACCIDENT WAS UNDERLYING				YES NO PYES	ING CAUSES OF DEATH?
A 1	OR CONTRIBUTING CAUSE OF DEA		MONTH DAY YEAR	216 MOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM 18 PAR	IT 1 OR PART 2)
CA	(IF EITHER NOTIFY MEDICAL EXAMINER	P.M.	19			
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	P.M. 21e. PLACE OF IN (AT HOME, STREET, F	NJURY FACTORY, OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 27a. 1 certify that (1) (this hospit sow the deceased alive on opove, (1) (we) (did) (did not on the decease)	21e. PLACE OF IN (AT HOME, STREET, F	NJURY FACTORY, OFFICE, FARM, ETC.) Exceased from 10 The second from 10	ond that in (my) (aur) opinion d	city of rown 12/22. Is death occurred on the date and hour of	9 27, that (h (we)
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK 22a.1 certify that (I) (this hospit sow the deceased alive on, obeye, (I) (we) (did) (did not 22) SIGNATURE	P.M. 71e. PLACE OF IN (AT HOME, STREET, F. 11) view the bady/ofter	NJURY FACTORY, OFFICE, FARM, ETC.) Exceased from 10 The second from 10	DEGREE ATTENDING PHYSICIAN	7.10 12/22 15	\$ 7. that (h (we)
	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 27a. 1 certify that (1) (this hospit sow the deceased alive on opove, (1) (we) (did) (did not on the decease)	21e. PLACE OF IN IAT HOME, STREET, F. Ital) attended the decity view the bady/after	NJURY PACTORY, OFFICE, FARM, ETC) Exceased from 10 Exceased from 22 The second from 10 Exceased from 10 Exception	nd that in (my) (aur) opinian d DEGREE ATTENDING PHYSICIAN 22e ADDRESS	death occurred on the date and hour of	9 7, that (It (we) ond from the causes stated 12/22/22/2

South Went M. 12/26/87 Annexas in a second to high a compact to make a second

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL	HYGIEN
CERTIFICATE OF DEATH	(

1.	FOR		DEPARTM		EALTH AND MENTAL HYGI	ENE. 7	3 5	2 0	0
41	UREGISTRAR		MIDDLE		AST T	REG. N	O. MONTH D	AY YEAR	
	CEASED NAME FIRST		MIDDLE		ASI	20 DATE OF DEATH	MONTH D	- OG	26. HOUR
	How	ARD (21	CHE	EUFF		12 -1	5-87	1105PM
3. SE	x m	4 RACE		5 DATE C		6. AGE LIN YEARS LAST BIR			HOURS MIN.
	MALE	, WH	ITE	08	8-03-07	80	YRS		
70 B	IRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8 MARRIE	NEVER MARRIED	9 BALTIMORE CITY	R COUNTY	OF DEATH	
j	New York	U.S.A	١.	WIDOWE		Balti	nore C	itv	MD.
10 C	ITY OR TOWN OF DEATH			G HOME C		120 USUAL OCCUPAT	ION	126 KIND OF	BUSINESS OR
Ba	altimore		HEACILITY, GIVE STREET A		ral Hospital	Sales & Se		-	1 Motors
USU.	AL RESIDENCE (IF NURSING HOME COL		GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	/ 7IP CODE	20	748
			Temple F			3014 Bri		Rd. Ap	t. T-1
_	ATHER'S NAME		1		15 MOTHER'S MAIDEN NAM	\E			
	Joseph	MIDDIE	Scheuff		Rosa	MIDDLE		Thielk	er
160 V	WAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECUI	RITY NO.	17 INFORMANT	ADDR			
1	YES NO OF UNKNOWN) [IF YES G	VII	377-05-94	414	Malvina W. Sc	heuff Temp	Brinkl le Hil	ey Rd.	#T-1
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	inly one couse per	line for (a), (b), and	licit			100	APPROXIMA BETWEEN ON	ATE INTERVAL
Ī		TE CAUSE (a)	ARDIOP	nLM	MARY ARI	REST	614		
			R AS A CONSEQUE	NCE OF					
	Conditions, if any, which	(b)	ACCO						
	gave rise to immediate couse (a), stating the	DUE TO O	R AS A CONSEQUE	NCE OF	A 100				
	underlying couse lost								
	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CON	DITION GIVE	N IN PART 110	
Z	DARICINSON'S ACCE				PEPTIC	ULCER		EASE	
F	19a DATE OF OPERATION	- 40	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206 IF YES	WERE FINDING	SS USED
띪						YES T NO TO		ING CAUSES C	NO T
CERTIFICATION	210. ACCIDENT WAS UNDERLYING	7 21b. TIME C	OF INJURY	_	21c HOW INJURY OCCURRE				140
	OR CONTRIBUTING CAUSE OF D	HOUR A.	M. MONTH DA	Y YEAR		(Entertainment of the	,		
EDICAL	21d INJURY OCCURRED	P. PLACE	M.	19	71f LOCATION		-		
ME	WHILE NOT WHILE AT WORK	(AT HOME ST	REET FACTORY OFFICE, F	ARM ETC)	STREET	CITY OR TO	NWN	COUNTY	STATE
	22a I certify that (I) (this has	attended th	e deceased from	12/12	19.87	10 1211	5/	9 07 16	of (I) (we) lost
	sow the deceased alive o obave, (llywe) (did) (did)			. 01	nd that in (my) (our) opinian d	eoth occurred an the d	ate and hour	and from the co	()
	22b. SIGNATURE	ot view the body	atter death.		DEGREE			22c. DATE S	IGNED
	1 KM200	mare	e mi	0) -	ATTENDING PHYSICIAN	MEDICAL STA		12/1	6/87
1	224 PHYSICIAN'S NAME TTYPE	OR PRINT)			77e. ADDRESS	2.00=	HIGHW	W	
	KISIDHAR	MASE	MA		58 A T - 50 T	DOIT CHIE A	~ 1	1200	4 .
23a	BURIAL, CREMATION, REMOVA	L 23b. DATE	123c N	IAME OF C	EMETERY OR CREMATORY	73d LOCATION		270-	
	Cremation	12/16/8			litan Cremator	CITY OR TOWN	ria	Virgin	ia STATE
	UNERAL DIRECTOR	μ2/10/8				REC'D BY REGISTRAR			
	NAME D VOICE	Funonal	HOUNE 33			EU 1 8 1987	delice	CALL BUREAU	

Oxon Hill, Md.

DHMH - 16 60M 7/84 (VRA 15, 4)

George P. Kalas Funeral Home

all the second of the second o

ctor, page 3

	STA	TE	OF	MARYLAND	
--	-----	----	----	----------	--

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

7		
	REG.	1

7 REG. N	10.	5	2	0	1
ATE OF DEATH	HINOM	DAY	YEAR	2b	HOUR
	00	4000			

00	d'STRAK							REG. I	10.			
4. QE	CEASED NAME	FIRST		MIDDLE	ı	AST		20 DATE OF DEATH	MONTH	DAY YEAR	26 HC	DUR
TITPE	E OR PRINT)	LILLI		A.C.	SCHIS				20, 1			М
3. SE	X	4	RACE		5 DATE C			6. AGE IN YEARS LAST E	IRTHDAY)	MONTHS DAT		DER 24 HRS
	emale		White	100	Augu	st 4,18	1	92	YRS.		HOURS	MIN.
7a. BI	IRTHPLACE (STATE OF	FOREIGN 7	. CITIZEN OF	WHAT COUNTRY?	8	D NEVER A	ADDED [9 BALTIMORE CITY	OR COUNT	TY OF DEATH		
	aryland		U.S.A		WIDOWE	DI DI	VORCED [bBaltimor	e City	7,		MD.
1.0	TY OR TOWN OF DE	ATH 1		HOSPITAL, NURSIN HEACHITY, GIVE STREET LIAN NURS				170 USUAL OCCUPA (TYPE OF WORK FOR MOS' Seamstr	OF WORKING	LIFE) INDUSTR	OF BUSII	NESS OR
13e. S	ALRESIDENCE (# NUI STATE arvland	13b. COUNT		GIVE RESIDENCE BEFORE 13c. CITY OR TOW Baltimo	/N	13d. INSIDE C	ITY LIMITS?	13e STREET ADDRESS 4418 Fur			206	
14 FA	ATHER'S NAME FIRST	, m	IDDLE	LAST		15. MOTHER'S	MAIDEN NAM				LAST	
Ge	eorge		Co	ombs		Eli	zabeth					
- 11	WAS DECEASED EVE		ED FORCES?	166 SOCIAL SECU	IRITY NO.	17. INFORMA		y Hall, AM				
No	0			217-09-0	671 A	Mr.	William	B. Schis	sler			
H	18. CAUSE OF DEA PART I. DEATH V	TH (Enter only WAS CAUSED IMMEDIATE	BY:	line loyo), (b), on	d (c).)	m.				BETWEE	OXIMATE IN IN ONSET A	TERVAL NO DEATH
NO	Conditions, if on gove rise to im couse (o), state underlying couse	imediate ing the e lost.	ONDITIONS CO			NOT RELATED	TO THE TERMI	NAL DISEASE OR CO	NDITION G	IVEN IN PART	110	
CERTIFICATION	190 DATE OF OPER	ATION	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	RMED	20a AUTOPSY?	20b. IF Y	ES, WERE FINE	DINGS US	SED ATH2
표								YES NO		YES [NO	
	21a. ACCIDENT WAS UP OR CONTRIBUTING	CAUSE OF DEAT		OF INJURY .M. MONTH D .M.	AY YEAR	21c. HOW IN	JURY OCCURRE	ED (ENTER NATURE OF IN	JURY IN ITEM IS	B PART I OR PART 2		
MEDICAL	21d. INJURY OCCUP	THRE []	21e. PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, I	FARM, ETC)	211. LOCATION STREET		CITY OR	TOWN:	COUNTY		STATE
	220.1 certify that (sow the decea above (11 ove)				, 01	nd that in (mg)		eoth occurred on the			he couses	
	226. SIGNATURE	elte	20				ATTENDING PHYSICIAN	MEDICAL ST DIRECTOR PHYS	AFF ICIAN []	12 DA	TE SIGNE	117
	22d. PHYSICIAN'S N			-		22e ADDRES		Adm Da				
230 5	HOWAT	DEMOVAL	ond, M	D. 23r. 1	VAME OF C	EMETERY OR		Air Rd.				
1	(SPECIFY)	, MEMOTAL		,			LINATORT	CITY OR TOWN		COUNTY		STATE
L	Burial		12/22	0	Balti	nore		Baltimo	re. Ma	arvland		

DHMH - 16 60M 7/B4

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and should be detached for use as the burial-transit permit. Then please remove carbonpapers. Paget with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

injury, or other troumotic event, the

(VRA 15, 4)

MPORTANT: If Hem 21 is morked or frem 18 shows ony

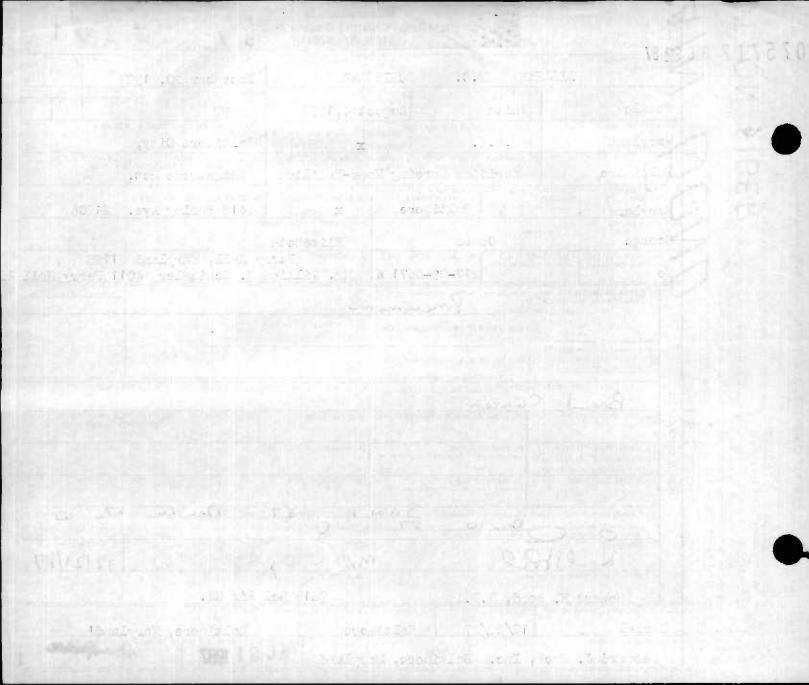
24 FUNERAL DIRECTOR

FOR STATE

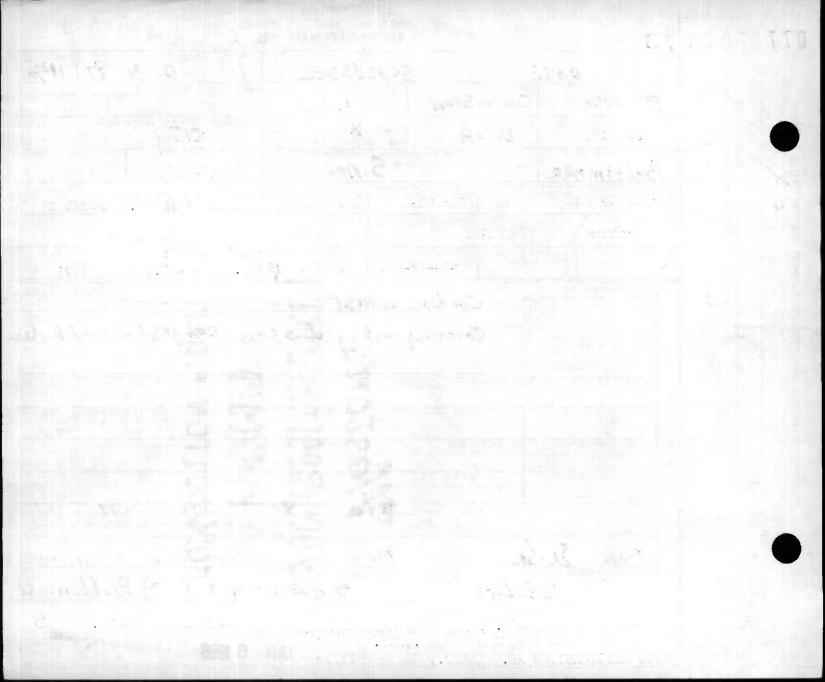
Leonard J. Ruck, Inc.

Baltimore, Maryland

Baltimore, Maryland 1
250 PATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE
251 2 1 1987



L 7 0 11M	1.	FOR		DEPART	MENT OF H	E OF MAKTLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE -7	5 5 2	0 3	2
478 JAN	I. DE	EGISTRAR CEASED NAME FIRST OR PRINT)		MIDDLE	ı	ESSEL.	REG. N 20 DATE OF DEATH 6 AGE (IN YEARS LAST BIR	MONTH DAY 12 31	87	HOUR 1135 M
4 90 4	3. SE	= EMALE	Carco	Sign		Y 4, 0AY 1920 4 AR	67	YRS		OURS MIN.
		RTHPLACE (STATE OR FOREIGN	as		WIDOWE		9 BALTIMORE CITY C	TY		MD.
1142		Baltimore	(IF NOT IN SU	CH FACILITY, GIVE STREET	ADDRESS 5	PROTHER INSTITUTION	170 USUAL OCCUPATE (TYPE OF WORK FOR MOST OF HOUSEWI	OF WORKING LIFE)	176 KIND OF B INDUSTRY AT HO	
of the state of th	13a M	AL RESIDENCE (IF NURSING HO) ARY LAND 13b C	ME OR OTHER INSTITUTION COUNTY	BALTIMOR		136. INSIDE CITY LIMITS? YES \ NO []	13e STREET ADDRESS . 3022 WYL	ZIP CODE	#21:	215
	14 F/	abraham	MIDDLE KIMM	EL LAST		GUSSIE	MIDDLE	NISSLEM	IAN (AST	
Pogna Adda	NO	VAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YE	S. ARMED FORCES? ES. GIVE WAR OR DATES)	166 SOCIAL SECU 065-18		17. INFORMANT EDW 3022 WYLYE		TO.,MD	212	215
e, that the death red for the contends of the contends of the content of the cont		Conditions, if any, which gove rise to immediate couse to), stating the	h (b)	Co 10701	4	bory dise	ar con	gestic	head	factor
They not	NO	PART 2 OTHER SIGNIFICA	((c)_	OR AS A CONSEQUE		NOT RELATED TO THE TERM	IN AL DISEASE OR CON	IDITION GIVEN	IN PART I to	
he lav	TIFICATION		nt conditions <u>c</u>	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, W	VERE FINDING	S USED
re hos sit per grene grene	SICAL CERTIFICATION	PART 2 OTHER SIGNIFICA 190 DATE OF OPERATION 710. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE C (IF EITHER NOTIFY MEDICAL EXA	I (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	ONTRIBUTING TO I	DEATH BUT	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, W IN CERTIFYIN YES [VERE FINDING	S USED F DEATH?
The lo	MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICA 190 DATE OF OPERATION 710. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE C	I (c) (c) (n) (c) (n) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	ONTRIBUTING TO I	OPERATIO AY YEAR 19	N WAS PERFORMED	200 AUTOPSY?	200. IF YES, WIN CERTIFYIN YES [VERE FINDING	S USED F DEATH?
inG PHYSICIAN. The lot oftending physician. After this certificate has as the burial-transit per thin and Mental Hygiene orked or Item 18 shows		PART 2 OTHER SIGNIFICA 190 DATE OF OPERATION 710. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXA 71d. INJURY OCCURRED WHIE NOTIFY MEDICAL EXA 1 WORK 270.1 certify that (1) (this is	I (c) INT CONDITIONS C IPP COND I	ONTRIBUTING TO I	OPERATIO AY YEAR 19 ARM. ETC.)	N WAS PERFORMED 21c. HOW INJURY OCCURI	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUITY OR TO	206. IF YES, WIN CERTIFYIN YES [VERE FINDING CAUSES OF TOP TO THE PART 2)	S USED : DEATH? NO
AL OR ATTENDING PHYSICIAN. The Is the bospinal or attending physician. DIRECTOR After this certificate has leaded for use as the burial-transit persist Dept. of Health and Mental Hygiene 1s. If them 21 is marked or Item 18 shows		PART 2 OTHER SIGNIFICA 190 DATE OF OPERATION 710. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXA 71d INJURY OCCURRED WHILE AT WORK 270.1 certify that (I) (this is sow the deceased aliv obove, (I) (we) (did) (d) 272b. SIGNATURE	I (c) INT CONDITIONS C IPP COND I	ONTRIBUTING TO I	OPERATIO AY YEAR 19 ARM. ETC.)	211. LOCATION STREET 211 LOCATION STREET At that in (my) (aur) apinion DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUITY OR TO	206. IF YES, WIN CERTIFYIN YES [JIRY IN ITEM 18 PART	COUNTY COUNTY 22c DATE SKC	S USED E DEATH? NO STATE STATE of (It (we) lost uses stoted
ital OR ATTENDING PHYSICIAN: The lot by the hospital or ottending physician. BLAZ DIRECTOR, After this certificate hos adelached for use as the buriol-tronsit persiste Dept. of Health and Mental Hygiene State Dept. of Health and Mental Hygiene NI: If Hem 21 is marked or Item 8 shows	MEDICAL	PART 2 OTHER SIGNIFICA 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF (IF EITHER NOTHY MEDICAL EXA 21d. INJURY OCCURRED WMILE NOT WHILE AT WORK AI WORK 220.1 certify that (I) (this h sow the deceased oliv obove, (I) (we) (did) (d 22b. SIGNATURE 22d PHYSICIAN'S NAME (1)	INT CONDITIONS CONDITI	ONTRIBUTING TO I	OPERATIO OPERATIO AY YEAR 19 ARM. ETC.)	211. LOCATION STREET 211 LOCATION STREET ATTENDING PHYSICIAN 222. ADDRESS	200 AUTOPSY? YES NO NO RED (ENTER NATURE OF INJU CITY OR TO . 10 APA death accurred on the d MEDICAL STA DIRECTOR PHYSIC	206. IF YES, WIN CERTIFYIN YES [JIRY IN ITEM 18 PART	COUNTY COUNTY 22c DATE SKC	S USED DEATH? NO STATE of (I) (we) lost uses stoted GNED
ITAL OR ATTENDING PHYSICIAN: The Ic sy the hospital or attending physician. ALD INECTOR'S After this certificate has detached for use as the buriol-transit per tote Dept. of Health and Mental Hygiene NT: If hem 21 is marked or Item 18 shows	WEDICAL	PART 2 OTHER SIGNIFICA 190 DATE OF OPERATION 710. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXA 71d INJURY OCCURRED WHIE AT WORK AT WORK SOW the deceased oliv obove, (I) (we) (did) (d 720. SIGNATURE 722d PHYSICIAN'S NAME (1) 800 PHYSICIAN'S NAME (1)	INT CONDITIONS CONDITI	ONTRIBUTING TO I	OPERATIO OPERATIO AY YEAR 19 ARM. ETC.)	211. LOCATION STREET 211 LOCATION STREET At that in (my) (aur) apinion DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJU CITY OR TO ADDRECTOR PHYSIC PHYSIC 234 LOCATION 234 LOCATION 234 LOCATION	206. IF YES, WIN CERTIFYIN YES [JIRY IN ITEM 18 PART DWN Jobe and hour or FF CIAN CIAN CIAN CIAN CIAN CIAN CIAN CIAN	COUNTY TO A DATE SK 1 2/3 3 alt COUNTY	SUSED PEATH? NO STATE of (i) (we) lost press stoted SI/87 WOUL



requires that the death certificate

OR ATTENDING PHYSICIAN: The low

TO HOSPITAL

BP.

etained by the hospital or attending physician

4						١,		FOR
1 6	0	2	0	0		1.	-	STATE REGISTRA
1	0	3	/	1	III-C	287	n,	EASED NA

director, page 3 lours after death

pletely filled in by the funeral nd 2 should be filed within 72 t

within 24 hours after death. Page 4 may be

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

7	Con	0	0	3
3	3	Stan	0	60
NIC				

JEC O	20	1200111711				REG. NO			
JEG Z	J U	EASED NAME FIRST	MIDDLE	LAST		a DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
	LITPE	HENK	24 50111	ILFTFI	₹	DE	261	1997	44
	3 SE	1/2///	CIL	5. DATE OF BIRTH	1	AGE (IN YEARS LAST BIRT	-	RIYEAR	IF UNDER 24 HRS
. 10	3 SE	1-1-	1111-	MONTH DA	YEAR -	AGE (INTERROTASI BIR	MONTH		HOURS MIN.
265	17	TALE	WHILE	DI-C 23	1908	79	YRS		
8.1	7a. BI	IRTHPLACE (STATE OR FOREIGN 7)	b. CITIZEN OF WHAT COUNTRY?	8.	9	BALTIMORE CITY O	R COUNTY OF D	EATH	
86	0	COUNTRY)	11 6 1	MARRIED NEV	14	RALTINA	101		
5		AKYLAND	U. J. A.	WIDOWED	DIVORCED [14/1/1/10	JKE	1712	MD.
P	10 C	ITY OF OWN OF DEATH	1. NAME OF HOSPITAL, NURSIN	IG HOME OR OTHER I	NSTITUTION	26. USUAL OCCUPATI		I. KIND OF DUSTRY	BUSINESS OR
6	H	DATIMORE	507 SIA	(511) かつ	DAUF	KETID	ED		
000	USU	AL RESIDENCE (IF NURSING HOME OF O	THER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION)	11061	116/11		71	3-281
要力	130.	AL RESIDENCE (IF NURSING HOME OR O STATE 13b. COUNT	TY BECITY OF TOW	N 113d. INSID	E CITY LIMITS?	3e. STREET ADDRESS	1111-8	110	111-
Euro		MKYLAND -	124-1111	MUSA- YES	NO 🗌	507 5	ANELL	000	HVE
e i i	14. F.A	ATHER'S NAME		15 MOTH	ER'S MAIDEN NAME		11		
6		Tourst CM	7/////FEE	0 [/ CIE	MILE	ILER	LAST	
9 1	\sim	WAS DECEASED EVER IN U.S. ARM	AED FORCES? 166, SOCIAL SECU	RITY NO 17 ANEOR	MANT	ADDRE	400		1 0
dic			WAR OR DATES)	KITTINO.	MAINI	. II . I .	- MA	C	4
E		NO		HER	MAN SC	HLUETEI	2 100	0./	USE X
र्	-	LA CALISE OF DEATH (Enter poly	y one couse per line for (a), (b), one	diesi				APPROXIM	ATE INTERVAL
to:		PART I. DEATH WAS CAUSED	BY: UNKN						
۵ ۲		IMMEDIATE	CAUSE (a) UNHO	500 NO				Min	
otic			DUE TO, OR AS A CONSEQUE	NCE OF					1
5		Conditions, if any, which	((b) WIDESPR		ER OF	PRUSTATE	200	2-3	TRS.
, tro		gove rise to immediate							
her		couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUE	NCE OF					
0		7.3	(c)						
÷		PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELA	TED TO THE TERMIN	ALDISEASE OR CON	DITION GIVEN IN	PART 10	
<u>5</u>	CERTIFICATION								
à	A	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PE	RFORMED	20a AUTOPSY?	20b. IF YES, WEI		
3	F			Market Co. Co.		No. 5	IN CERTIFYING	CAUSES	
è co	E					YES NO	YES 🗌		NO
88	ü	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH DA	AY YEAR ZIE HOV	INJURY OCCURRE	D (ENTER NATURE OF INJUI	Y IN ITEM 18 PART TO	R PART 2)	
E	4	OR CONTRIBUTING GAUSE OF DEATH	H HOOK PAINT	19					
#	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY	211 LOC	ATION	-1-			
P	ME	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE, F.		REEL	CITY OR TO	WN C	OUNTY	STATE
rk		AL WORK					179		
E		220.1 certify that (I) (this haspital	ol) ottended the deceased from_		19 79	_, to	119	5t , 11	not (I) (we) lost
2		sow the deceased alive on_	11 29 19	87 , and that in (my) (our) opinion de	oth occurred on the do	te and hour and	from the c	ouses stated
E		obove, (1) (we) (did) (did not) 22b. SIGNATURE	view the body ofter death.	DEGREE				2c. DATE S	
If He		The Signature	my my	DEGREE	ATTENDING 4	MEDICAL STAT		IZI. DATE 3	0/-2
		10 au y my	anyay		PHYSICIAN V	MEDICAL STAP	IAN	12/2	6/84
A		224. PHYSICIAN'S NAME (TYPE OR		22e ADD		1. A.D. Sales)	11-ch		
ORI		MCDOUGA	L	6	edd skr	MARITHN	HOSP.		
MPORTANT									
	2907	BORIAL, CREMATION, REMOVAL	23b. DAJE 23	NAME OF CEMETERY	DR CHEMATORY	23d LOCATION	1 000	NW -	STATE
	1	DURIAL	X2/24/1987 VA	KLAUIN	(FM.	DALTA	(0.	11/).
/91	**	UNERAL DIRECTOR	11:	ri	250, DAJE	REC'D. BY REGISTRAR	256 REGISTRAR'S	SIGNATE	RE
761	KA	YMOND L. KACZON	enulski 25095	HIFFT.	7 UEG	2.8 1987	فيكافئ والمادادي	menda and	A. Marie
/	$1V^{7}$	ILLIAN F. I ALTON	100011 9090	LLL U	, ,	_ 0 1001	W.		

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and a should be detached for use as the burial-transit permit. Then please remove carbon popers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

	229	-		
63	2	600	5.3	
FG. NO.				

4	01	REGISTRAR				CERTII	ICAIL OIL	LAIN	•	REG. NO.			
		CEASED NAME OR PRINT)	Charle	es j	oseph	Sc	horr			cember	11, 1	1987	4,00 P.
	3. SEX	Male	4	RACE	te	5. DATE O		196	6. AGE (IN)	YEARS LAST BIRTHDA	The same	FUNDER I YEAR	HOURS MIN.
		RTHPLACE (STATE)	OR FOREIGN 76	U.S.	A.	MARRIE WIDOWI	D NEVER /	MARRIED		timore (-00	OF DEATH	MD.
	-22	Baltimore	e	Franci	HOSPITAL, NURSIN H FACILITY, GIVE STREET A SCOXX	ADDRESS)		enter	120 USUAL (TYPE OF WOR	OCCUPATION RK FOR MOST OF WI	(ORKING LIFE)	126. KIND O INDUSTRY	road
5		AL RESIDENCE (IF N	136 COUNT		GIVE RESIDENCE BEFORE	ADMISSION) N	13d INSIDE C	NO 🗌	8/0	South 2	Grund	dy Sto	21224
	14. FA	Henry	Mi	DDLE	Schore			May May	AME	MIDDLE		Keys	
		VAS DECEASED EV		PAR OF DATES	213-05-5	7532	(harl		Schore	810 S	_	rdy St.	
		Conditions, if o gove rise to icouse (a), stounderlying cou	immediate oting the	DUE TO, OI	R AS A CONSEQUE	CLA "	of th	I le	ings			BETWEEN	MATÉ INTÉRVAL INSET AND DÉATH
5	ATION	PART 2 OTHER SI	1	1SCL	ONTRIBUTING TO D				MINAL DISEAS	OPSY? 20	Ob. IF YES,	WERE FINDIN	IGS USED
1	MEDICAL CERTIFICATION	21g. ACCIDENT WAS	UNDERLYING	21b. TIME O	F INJURY		21c HOW IN	LIURY OCCUR	YES D	NO	YES		NO [
	ICAL C	OR CONTRIBUTING	CAUSE OF DEATH	HOUR A.	M. MONTH DA M.	Y YEAR							
	MED	AT WORK AT	WHILE	1000	EET. FACTORY OFFICE F	ARM ETC)	211 LOCATION STREET			CITY OR TOWN	11	COUNTY	STATE
		22a certify that saw the dece above, (I) (we 22b, SIGNATURE		USC	1/2 198	/		(our) opinion	death occurre	ed on the date	and hour	and from the	
			Juli	top	Jan	-0			D DIRECTOR	STAFF PHYSICIAN	v 🗆	12/	14/87
		MEL MEL	10 1	и, Т	TO RAG	/ /	220 ADDRES	15:		wood	AUE	21	224
		BURIAL, CREMATIO (SPECIFY) Buri	N, REMOVAL	23b. DATE 12-14			Heart	of Jeu	ss Dung	talk, B	alto.	CO MO	STATE
	Ch	varies S.	Zeilen	& Son	Inc. 901	5.00	nkling	S± 750 QA	E 6 7 8 4	: 1987	REGISTR	ALD ELEMAT	ARE and all

DHMH - 16 60M 7/84

MFDRTANT: If them 21 is marked actitem 18 shows any injury, at other traumatic event.

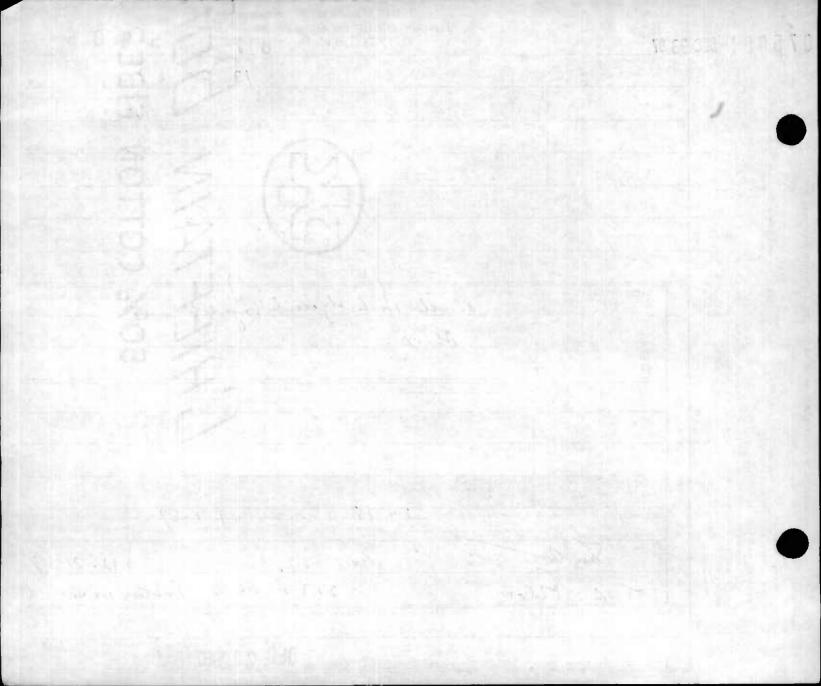
(VRA 15, 4)

TO BE THE STATE OF

e de la contrata del contrata de la contrata del contrata de la contrata del contrata de la contrata de la contrata de la contrata del contrata de la contrata del contrata de la contrata de la contrata del contrata de la contrata de la contrata de la contrata del contrata del contrata del contrata de la contrata de la contrata de la contrata de la c	10
one toroithe series arised enter resizes this and	Shall
	55 - WA
	Salzin
Market and the second of the s	.3.
School Page Regis	ម្មាធិ
11.4. 2 1 21.40]-5772 Sunday 6, School 8/0 5. sunda 54. 21225	1/66

using 17-15-7 season through from a mail, some condition to the season of the season o

75881 DEC	THE REAL PROPERTY.	FOR STATE BREGISTRAR				T OF HE	OF MARYLAND ALTH AND MENTAL HY CATE OF DEATH	8 7 REG	NJ 5	2 0	5
° ω÷		00.00	eorge	y ernor)	SC	huhardt	20. DATE OF DEATH	MONTH C	DAY YEAR	26 HOUR
e 4 moy be ttor. page 3 softer death	3. SE			ACE		DATE OF		6 AGE (IN YEARS LAST		IF UNDER 1 YEAR	M IF UNDER 24 HRS
Poge 4 π director	-	Male		White			- 22° - 1909	7		MONTHS DATS	HOURS MIN.
oth.		RTHPLACE (STATE OR FORE	IGN 7b. C	CITIZEN OF WHAT CO	٨	MARRIED	NEVER MARRIED DIVORCED	Paltimore Cit	MOTE C		
rs ofter der by the fan filed within harflied at	10 C	aryland HY OR TOWN OF DEATH Altimore		NAME OF HOSPITAL,	NURSING H	IOME OR	The same of the sa	12a USUAL OCCUP (TYPE OF WORK FOR MO Sanitation	ATION STOF WORKING LI	126 KIND	of Balto
in 24 hour ly filled in should be f ec. must be	13a S 3 M	aryland	HOME OR OTHE COUNTY	13c CITY	CE BEFORE ADM OR TOWN LMOTE		13d Inside City Limits? Yes 🕅 NO 🗌	130 STREET ADDRESS 314 S. CO	s/zip copi	on Ave.	21231 Balto.
S with	14 FA	THER'S NAME HENRY	MIDDI	SCH	ĴĤARDT		S MOTHER'S MAIDEN NA	WIDDE			TTTIG
on and con S. Pages to	16a V	VAS DECEASED EVER IN YES, NO OR UNKNOWN) (18	U.S. ARMED FYES, GIVE WAI	22210800	AL SECURITY		Mary Duffy		Ave. E		
equires that the death certificate in signed by the attending physicir. Then please remove carbon paper it to buriol, cremotion, or removal, injury, or ather traumatic event, the	NOI	Conditions, if ony, will gove rise to immed couse (o), stofing underlying couse	mEDIATE CA	DUE TO, OR AS A CO	NSEQUENCE NSEQUENCE	E OF	ot Myocord		ONDITION GIV		XIMATE INTERVAL LONSET AND DEATH
he low re on. hos been 1 permit. ows ony i	CERTIFICATION	19a DATE OF OPERATION	7	196 CONDITION FOR	WHICH OPE	ERATION	WAS PERFORMED	200 AUTOPSY?	IN CERTIF	S, WERE FIND YING CAUSE S	
SICIAN: TI ng physicia certificate mial-transit ental Hygie frem 18 sh		210 ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS	E OF DEATH	21b. TIME OF INJURY HOUR A.M. MON P.M.	TH DAY	YEAR 19	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF I	NJURY IN ITEM 18 F	PART I OR PART 2]	
offendin ter this of is the burner of the bu	MEDICAL	21d INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK		21e. PLACE OF INJURY (AT HOME, STREET FACTORY			211 LOCATION STREET	CITY OF	TOWN	COUNTY	STATE
R ATTENDIN hospital or IRECTOR: Af hed for use o ept. of Healti		27a i certify that (1) (the saw the deceased a above, (1) (we) (did) 22b. SIGNATURE	live on	ottended the deceased	1 from		that in (my) (our) opinion	deoth occurred on the	dote and hou		
the the Dirth of t		They	2	h	*		My ATTENDING PHYSICIAN	MEDICAL S DIRECTOR PHY	TAFF SICIAN [21. 87.
TO HOSPITAL retoined by the TO FUNERAL should be detuying the Stote with the Stote IMPORTANT:		22d. PHYSICIAN'S NAME	Fu	Cons			27e ADDRESS 22 3 /2	. BLUD	PALE	110 000	-4
BP	_ 1	URIAL, CREMATION, REA		2/22/87			METERY OR CREMATORY	23d LOCATION CITY OR TOWN		COUNTY	STATE
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FL	INERAL DIRECTOR		A	DDRESS	No	111-	REC'D. BY REGISTR.	AR 256 REGIST	Maryla RARS SIGNA	TURB P.
(VKA 15, 4)	L	illy & Zeile	r.Inc	. 1901 East	ern A	ve.	21231	4 66 1301	0		



STATE OF MARYLAND

6	STATE		DEPART		IEALTH AND MENTAI	4.3	7 REG. NO.	2 9	Ó
11.1	DECEASED NAME FIRS	LILYAN R.	SCHWARTZI	MAN	LAST	20 C		DAY YEAR	26 HOUR
1	S Cla Line	+> ma		TVan)		DEC. 10,1	957	7-4M
3.	SEX	CVACE		DATE			GE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
N	IALE	WHI	TE	MAR		R	86 yrs	MONTHS DAYS	HOURS MIN.
70	BIRTHPLACE STATE OR FOREIGH	N 76 CITIZEN OF	WHAT COUNTRY?	8		9 BA	ALTIMORE CITY OR COUNTY	OF DEATH	
I	(ARYLAND	USA		WIDOWE	D NEVER MARRIED		BALTIMORE C	TTY	MD.
10	CITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	NG HOME C	OR OTHER INSTITUTION	N 12a	USUAL OCCUPATION	126 KIND OF	BUSINESS OR
_	BALTIMORE	SI	NAI HOSP	ITAL			E OF WORK FOR MOST OF WORKING LIF	E) INDUSTRY AT I	HOME
U:	SUAL RESIDENCE (IF NURSING HO STATE	OME OR OTHER INSTITUTION	GIVE RESIDENCE BEFOR		1 13d. INSIDE CITY LIMI	TS? 113e.S	TREET ADDRESS / ZIP CODE	AF	PT. 203
M	IARYLAND		BALTIN		YES X NO		513 EBERLE DR.	#2121	15
14	FATHER'S NAME	WIDDLE	LAST	-	15. MOTHER'S MAIDE	NAME	MIDDLE	LAST	
1	HYMAN		LeBAUER		JEN	NIE	MIDDLE	ALBER	
16	WAS DECEASED EVER IN U.	S. ARMED FORCES?	166 SOCIAL SECU	URITY NO.	17. INFORMANT	HILL	ARD DONNER		
L	NO NO OK DINKNOWN)	ES, GIVE WAR ON DATES!	214-74-	-6757	114 GRANA			MD 2140)1
Г	18 CAUSE OF DEATH IED PART I. DEATH WAS C	AUSED BY:	line far un, pr, ar	nd Ic	munad	000	Infaction	BETWEEN ON	NSET AND DEATH
	IMMI	EDIATE CAUSE (0)	· · · · · ·	-	- was	1	argoneron		
Н	Conditions, if any, which		R AS A CONSEOU	ENCE) OF	maner.	Kon	A di 10010	300	
ı	gave rise to immedia	te		- WI	erwy	- TIXA	Wy Marian		
ı	couse (a), stating the underlying cause to:		R AS A CONSEOU	IENCE OF				9 200	
	PART 2 OTHER RIGNIEIC	ANT CONDITIONS CO	NTRIBUTA'S TO	DEATH BUT	NOT PELATED TO THE	TERMINAL	DISEASE OR CONDITION GIV	EN IN PART LIA	
1 8		1	-		1 /sul	Land	a fall a	EN IN FARE ITO	
1 3	19a DATE OF OPERATION	19b COND		OPERATIO	ON WAS PERFORMED	20	Do AUTOPSY? 20b. IF YES	, WERE FINDING	GS USED
CEBTICICATION						Y		YING CAUSES C	OF DEATH?
1	210. ACCIDENT WAS UNDERLYIN				21c. HOW INJURY O		ENTER NATURE OF INJURY IN ITEM 18 P		
	00 000 170 101 170 10 10 10 10 10 10 10 10 10 10 10 10 10	OF DEATH	M. MONTH D	AY YEAR					
IN DIGGE	21d. INJURY OCCURRED	21e PLACE		19	21f. LOCATION				
13	WHILE NOT WHILE E	(AT HOME, ST	REET, FACTORY, OFFICE.	FARM ETC)	STREET		CITY OR TOWN	COUNTY	STATE
	220.1 certify that (1) (this,	(ospital) attended th	e deceased fram		Clark 4 19	82	0 18-10	19 8 7 th	hat (I) (we) last
	saw the deceased a	velon / B	2-10 19 1	87.0	nd that in (my) (our) op	oinian death	accurred an the date and hav	,	, , , ,
П	abave, (1) (we) (did)(e	fid not) view the body	affet dépith.	0	DEGREE		/	220 DATES	IGNED.
ı	1/11	100000	PVaUV	buch	ATTEND		DICAL STAFF	12/	10/87
1	224 PHYSICIAN'S NAME	TYPE OR PRINT)	Jour	MIL	PHYSICI 177e ADDRESS	IAN # DIK	ECTOR PHYSICIAN	101	1010
L									
22		COLLER, MD		NI A A A E OF C			RSTOWN RD. BA	ALTO. M	<u> </u>
13	BURIAL, CREMATION, REMO	DEC.11			EMETERY OR CREMAT AMUNO	ORY 73	BALTIMORE	COUNTY MAR	KYLAND
24	FUNERAL DIRECTOR SC	OF FEVINGO	N C DDOC	TNIC	25	o. DATE REC	D. BY REGISTRAR 256 REGIST	RAP'S SIGNATU	180

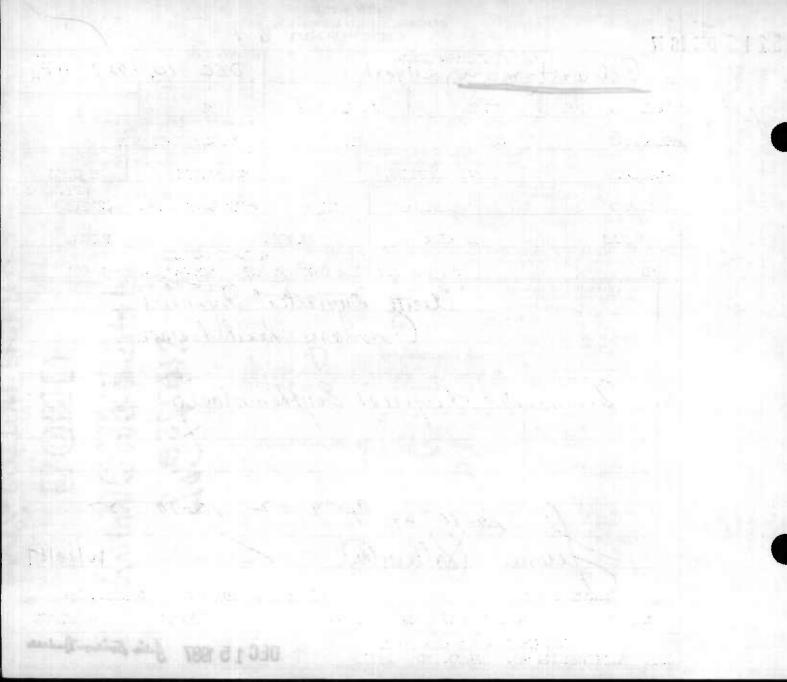
DHMH - 16 60M 7/84

BP.

(VRA 15, 4)

LEVINSON & BROS, INC. I RD. BALTO., MD 21215 6010 REISTERSTOWN

OEC 1 5 1987



BP. DHMH - 16 50M 4/83

(VRA 15, 4)

John A. Moran,

Inc

0766

STATE OF MARYLAND FOR - STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1	OI OR GISTRAN			4=		REG. NO.				
- F	TYPE	CEASED NAME FIRST HENRY	WIDDLE		ULTHEIS	Dec	MONTH DA		26 HOUR	
		2 200 2 10 1 2				200		,1987	7:05 4	
	3. SEX	X IVI	Cauc	5. DATE C		6 AGE (INYEARS LAST BIR	YRS	NIHS DAYS	IF UNDER 24 HRS HOURS MIN.	
1		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN USA	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	Baltimore City o			MD.	
I		altimore	3 535 E SUCH FACILITY GIVE	ursing home of street appress) t	Ave	ASST. SUP	ON OF WORKING LIFE) OP.	126 KIND OF INDUSTRY ILLNER	al Pig.	
1	130. S			TOWN	13d INSIDE CITY LIMITS? YES 🗗 NO 🗌	3535 E. F	zip code alrmo	21224 unt A	ve	
		ATHER'S NAME ENTY	"J. Schul	theis	Blanch	WIDDLE		VanD	yke	
		VAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) (IF YES, GI	15 141 40 00 0 1 1 FC)	SECURITY NO. 3-8479	Mrs. Marie	Schulthe	Mount is			
		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)							MATE INTERVAL DNSET AND DEATH	
		Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c)		Alzher mei!	s disense		3 y	Rus	
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110									
	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? YES NO					WERE FINDIN ING CAUSES		
	MEDICAL CER	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE.	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PAR	11 1 OR PART 2)					
	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, O	FFICE, FARM, ETC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE	
		270.1 certify that (I) (this hospital) attended the deceased from 190, to 190, to 190, that (I) (we) lost sow the deceased alive on obove. (I) (we) (did) (did not) view the body after death.								
		2726/SIGNATURE	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN							
		Dr. Dennis MacDonald 9 S. Highland Ave 21224								
1	Cr	Burial, CREMATION, REMOVAL CEMATION	12/28/87	Green		23d LOCATION CITY OF TOWN Baltimo:	re	COUNTY	Md.	
	24. FL	JOHN A. WOY	E. Baltimo	rse St.		TE REC'D. BY REGISTRAR		AR'S SIGNAT	OR DE	

· 图 · 图 · 图 · 图 · 图 · 图 · 图 · 图 · 图 · 图		THE STATE OF		
was rapid to the first of the				
	Lisate Funo:			
A Principal of Single Control				
AND COLUMN TO SELECT				
A. hidana, average and in the second		WOXENE	district.	
	naurul 720 .za osa 221	112/08	W. In	
	•			

death certificate be

he funeral director, page 3 within 72 hours after death

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR - STATE REGISTRAR	5 2 0 8						
DECEASED NAME (TYPE OR PRINT) HO	RTENSE	MIDDLE	Scott	REG. NO. 20. DATE OF DEATH MONTH DAY YEAR 28 HOUR 12/14/87 2P			
3 SEX	4. RACE		TE OF BIRTH	& AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS A		
Female	Cauc.		8 28 1895	92 y	RS MONTHS DATS HOURS A		
To BIRTHPLACE (STATE OR FOR	PEIGN 76 CITIZEN OF	WHAT COUNTRY? 8	RRIED NEVER MARRIED	9 BALTIMORE CITY OR COL	JNTY OF DEATH		
Elkgarden, W		WIDO	OWED MORCED	Dalta	•		
Balto	Mass	WE GIVE STREET ADDRESS	d. M. Home	126. USUAL OCCUPATION [TYPE OF WORK FOR MOST OF WORK! Homemaker	12b. KIND OF BUSINESS INDUSTRY		
USUAL RESIDENCE HE NURSING HOME OR OTHER INSI 136. STATE 136 COUNTY		Baltimore	13d. INSIDE CITY LIMITS? YES X NO	13e.STREET ADDRESS / ZIP C 4909 Fait Ave			
14 FATHER'S NAME FIRST MIDDLE Anthony		Coleman	15. MOTHER'S MAIDEN NA FIRST HOPE	MIDOLE	Blackburn		
160 WAS DECEASED EVER IN	U.S ARMED FORCES?	166 SOCIAL SECURITY N	O. 17 INFORMANT	ADDRESS			
No	*	217-48-5900	Mrs. Betty I	Dietrich 8 4907	Fait Ave. 212		
18 CAUSE OF DEATH	Enter only one couse pe	er line for ia , (b , and ic)	. 0 .		APPROXIMATE INTERVAL BETWEEN ONSET AND DE		
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) CUA CR. Remarks							
Conditions, if any, agove rise to imme cause (a), stating underlying cause	diate the last (c)	DR AS A CONSEQUENCE O			jeens		
NOI	PART 2 OTHER SIGNIFICANT CONDITIONS CONTI		ON FOR WHICH OPERATION WAS PERFORMED		F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?		
E L				YES NO YES NO			
On CONTRACT CA	ISE OF DEATH HOUR A	OF INJURY N.M. MONTH DAY YE P.M.	AR 21t. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITE)	M 18 PART (OR PART 2)		
OR CONTRIBUTING AGS OF BEATH IF EITHER NOTIFY MEDICAL EXAMINER] P.M. 21d INJURY OCCURRED NOT WHILE AT WORK AT WORK		OF INJURY TREET FACTORY, OFFICE FARM ETC	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE		
226 I certify that (I) (t) saw the deceased above, (I) (we) (dia	hour and from the causes stated						
22b. SIGNATUSE	50	52	ATTENDING PHYSICIAN (MEDICAL STAFF DIRECTOR PHYSICIAN	224 DATE SIGNED 8		
22d. PHYSICIAN'S NAM	00	nowht	220 ADDRESS	Das Vern De	e Relia		
2	coree.				21		
23a BURIAL CREMATION, RE SPECIFY BURIAL 24 FUNERAL DIRECTOR	MOVAL DIN DATE	NAME C	DE CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	Baltimore, MI		

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the attershould be detached for use as the burial-transit permit. Then please remove a with the State Dept of Health and Mental Hygiene prior to burial, cremation.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low erouned by the hospital or ottending physicion.

TO HOSPITAL

BP.

					3
	75 75	26 189		.5000	O . E
				7.6.7 .5	Lalegarden, j.
	15			43.5	
v <u></u> v.	ASOS Palt	z	Baltimare		.M.
Blackburn		eqoh	11.3		(a
907 rait Ave. 1122	Dictrich - 4	rs. Letty	17-18-59	2	64
			NOR		

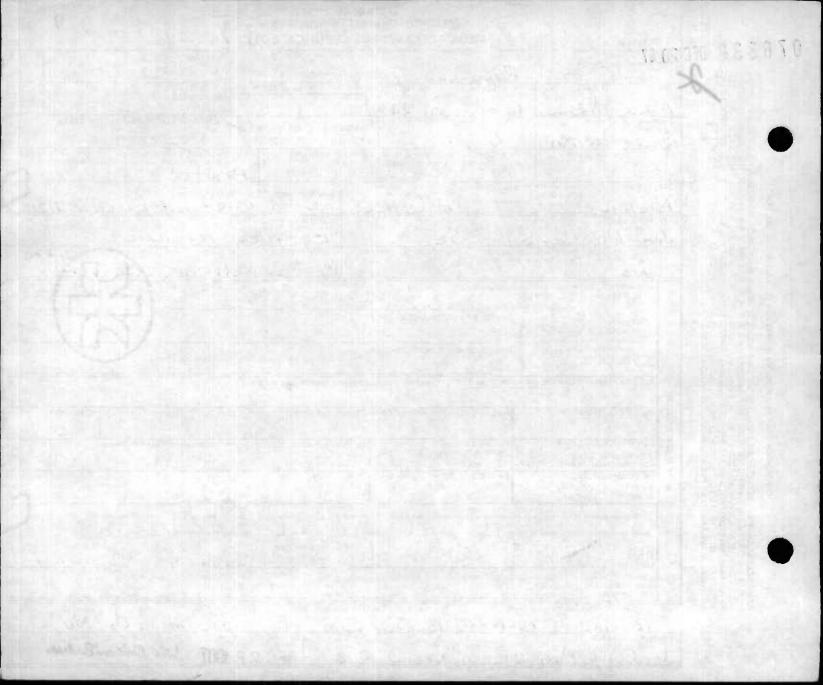
lelson

1-,51,..1

04. 41.1

.cm , Jaoriilas

1005 bundalk ave



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH GISTRAR 175455 DEC 20 DATE KNOWN X 26 HOUR (TYPE OR PRINT) ESTI-OF W. REGINALD SCOTT DEATH MATED 12-11-87 3. SEX 4. RACE DATE OF BIRTH IF UNDER 1 YR. 2d HOUR IF UNDER 24 HRS 2c. DATE MONTH DAY LAST BIRTHDAY PRONOUNCED male black 4 26 1948 39 DEAD 12-11-879 76. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) USA Md WIDOWED [DIVORCED Baltimore City II CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS Unemployed OR INDUSTRY Baltimore Sinai Hospital USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) | 138. INSIDE (ITY LIMITS? | 138. STREET ADDRESS | YES X NO | 2850 Oakford Avenue 21215 130. STATE 13c CITY OR TOWN Baltimore 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Scott MIDDLE Will'am Selena Sharp 160 WAS DECEASED EVER IN U.S. ARMED FORCES 16b. SOCIAL SECURITY NO ADDRESS (YES, NO, OR UNKNOWN) 216-44-0810 Selena Wright 2850 Oakford Avenue 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Intracranial hemorrhage DED PENDING" IN PENCIL IN IT CHE MEDICAL EXAMINES AIG LISED AS A BURBAL - TRANSITI OF HEATTH AND MENTAL HYDI IRIAI, CREMATION, OR FENDIN DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION alcoholism 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD PAGE 4 SHOULD BE FORWARDED TO THE CHIE TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE US AFTER DEATH, WITH THE STATE DEPARTMENT OF BALTIMORE, MARYLAND, 21201 PRIORIA YES T NO _ 710 EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, 21d INJURY OCCURRED 211 LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.1 CITY OF TOWN COUNTY STATE 220 I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion death resulted from: Natural causes Accident Suicide Homicide Undetermined manner TITLE (SPECIFY) Assistant 12-11-87 SIGNATURE Margarita A. Korell, M.D. ADDRESS EXAMINER'S NAME 111 Penn Street (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY Md Baltimore Burial 12/16/87 Eastview Cemetery 07/84 BP 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE is a support **DHMH - 17** C. March F/H West 4300 Wabash Avenue (VR A15 ME (5))

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

retained by the haspital ar attending physician.

BP.

hours offer death. Page 4 may be

by the funeral director, page 3

STATE OF MARYLAND

DED ADTMENT OF HEALTH AND MENTAL HYCIENE

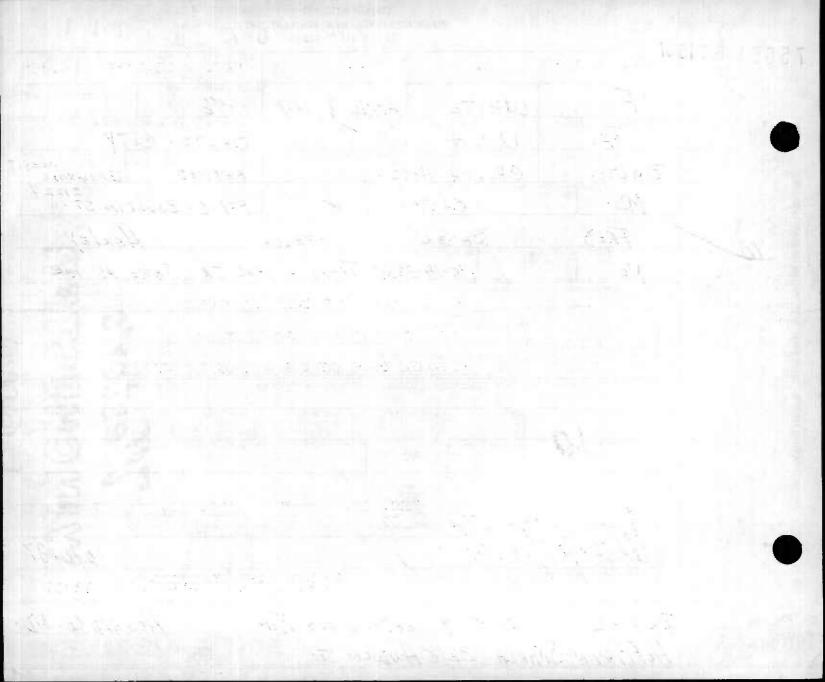
10 07	- STATE REGISTRAR			CERTIF	ICATE OF DEATH	8 / REG		1 1
	ECEASED NAME PE OR PRINT)	ROSE	L.		AL	DEC .	11,1987	76 HOUR
3. SE	F	- 1	NHITE	S. DATE C		6. AGE (INYEARS LAS	MONTHS YRS	DZ13 NOSKS
	COUNTRY) PA		U.S.A.	MARRIEI		BALT		/
Perily S	BALTO.	EATH 11.	NAME OF HOSPITAL, IN (IENOT IN SUCH FACILITY, GIV CHURCH		PROTHER INSTITUTION	120 USUAL OCCUP (TYPE OF WORK FOR MO	ST OF WORKING LIFE) IN	KIND OF BUSINES
	AL RESIDENCE (IF NO.	13b COUNTY	ER INSTITUTION, GIVE RESIDENCE 134 CITY O		136 INSIDE CITY LIMITS?	13e STREET ADDRES		2122
IA F	ATHER'S NAME FRED) MIDD	" BAKE	AST R	15. MOTHER'S MAIDEN NO.	MIODLI 4	HA	eLEY
	WAS DECEASED EVE (YES, NO OF UNKNOWN)	(# YES, GIVE WA		14-3335	JAMES A.	SEAL JR.	SAME A	45 13e
event the	PART I. DEATH	ATH (Enter only a WAS CAUSED BY IMMEDIATE C			TO DECUBI	ris ulcer		APPROXIMATE INTERV BETWEEN ONSET AND D
, ar other traumat	Canditions, if ar gave rise to it couse (a), sto underlying cou	mmediate ting the ise last.	10	CEREB	ROVASCULAR STRUCTIVE 1	PULMONARY	DISEASE	
8 shows any injury	190 DATE OF OPER		196 CONDITION FOR			200 AUTOPSY?	206. IF YES, WER	E FINDINGS USED CAUSES OF DEATH
d or Rem 18 sho	218. ACCIDENT WAS USED OR CONTRIBUTING THE LITHER NOTIFY ME 216 IN JURY OCCU	CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONT P.M. 21e PLACE OF INJURY	TH DAY YEAR	21c. HOW INJURY OCCUP			PART 2]
morked o	WHILE NOT AT WORK AT WORK	WHITE O	(AT HOME STREET FACTORY.	DEC	STREET 19.87	DEC.	2.2	87, that (I) (w
I: If Nem 21 is	lide theidese	osed about oDE	to the tark attacked	_1987, ar	nd that in (my) (our) opiniar DEGREE ATTENDING PHYSICIAN	MEDICAL S	TAFF	rom the causes state
IMPORTANT	274, PHYSICIAN'S	NAME (1996 OR PR)	NI)		111. ADDRESS	HOME HOST		21231
- 23n	BURIAL, CREMATION	N, REMOVAL	12-15-87		EMETERY OR CREMATORY	236 LOCATION CITY OR TOWN	Howa	FD Co.

DHMH - 16 60M 7/84

(VRA 15, 4)

3218 HUDSON ST. DEC 14

Julia Deviden Landack



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

retained by the haspital or attending physician.

executed within 24 hours after death. Page

	STA	TE	OF	M	ARYL	AN
DEPARTMENT	OF	HE	AL'	TH	AND	ME

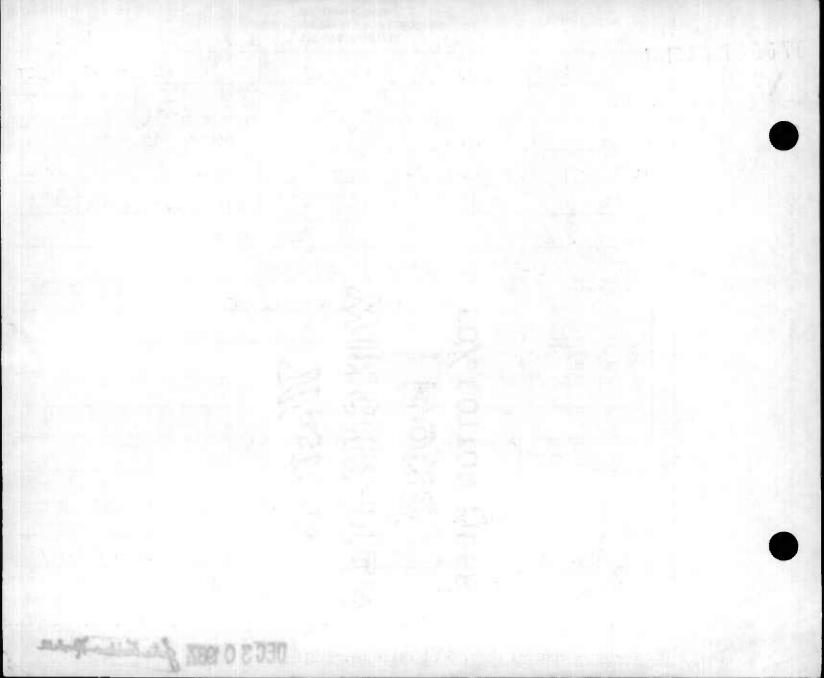
NTAL HYGIENE

nsc 113	5	2	1	
REG. NO.		-		

	EXEASED NAME	FIRST		MIDDLE	Ĺ	AST	REG. N	MONTH DAY	YEAR 2b. HOL
,(1)	YPE OR PRINT)	HARR.	4	J.	S	EALOCK		12 24	87 002
3. S	SEX M		4. RACE	51	S. DATE C	OF BIRTH	6. AGE (IN YEARS LAST B	S6 YRS.	UNDER I YEAR IF UNDER
1	BIRTHPLACE (STATE OF COUNTRY)	P FOREIGN		WHAT COUNTRY?	2	D NEVER MARRIED	9. BALTIMORE CITY		FDEATH
3 10	BALTO, G	ATH TY		H FACILITY, GIVE STREET	G HOME C	PROTHER INSTITUTION Hospital	12a. USUAL OCCUPAT (TYPE OF WORK FOR MOST Painter	TION OF WORKING LIFE)	126. KIND OF BUSING INDUSTRY Self Emplo
130	UAL RESIDENCE (# NUI	ISING HOME OR		Baltimo	admission) N Dre	130. INSIDE CITY LIMITS?		GEHILL	AVE 212
2	Joseph E			LAST			Sealock MIDDLE		LAST
1 160.	WAS DECEASED EVE (YES, NO OR UNKNOWN) YES	1951		212-28-		Nancy Sealock	ADDR	same	APPROXIMATE INTE
	Canditians, if any		DUE TO, O	R AS A CONSEQUE	NCE OF				
NO	gave rise to incouse (a), state underlying cause	nmediate ing the e last.	(c)	R AS A CONSEQUE		NOT RELATED TO THE TERM	INAL DISEASE OR COM	YDITION GIVEN	IN PART 110
TIFICATION	gave rise to incouse (a), state underlying cause	mediate ing the e last.	(c) CONDITIONS <u>CC</u>	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON 200 AUTOPSY? YES NO	20b. IF YES, W	VERE FINDINGS USE NG CAUSES OF DEA
MEDICAL CERTIFICATION	gave rise to in cause (a), statunderlying caus PART 2. OTHER SIG 190 DATE OF OPER/ 21a. ACCIDENT WAS UP OR CONTRIBUTING [(IF EITHER, NOTIFY MEE 21d. INJURY OCCUP	mediate ing the e lost. SHIFICANT C ATION DERLYING C CAUSE OF DEA DICAL EXAMINER RRED	19b. COND 19b. COND 21b. TIME C HOUR A P. 21e. PLACE	DNTRIBUTING TO D ITION FOR WHICH I FINJURY M. MONTH DA M.	OPERATION AY YEAR 19		200 AUTOPSY?	20b. IF YES, W. IN CERTIFYIN YES [VERE FINDINGS USE NG CAUSES OF DEAT NO
/	gave rise to in cause (a), statunderlying caus PART 2. OTHER SIG 19a DATE OF OPER/ 21a, ACCIDENT WAS UP OR CONTRIBUTING (IF EITHER, NOTHER MEET) AT WORK AT WORK AT WELL 22a.! certify shot (I) saw the deceo	ATION ATION ADERLYING CAUSE OF DEADICAL EXAMINER CRED WHITE CORR (this hospit sed alive on,	19b. COND 19b. COND 19b. TIME C HOUR A. 21e. PLACE (AT HOME, STI	ONTRIBUTING TO D ITION FOR WHICH IT OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, FACTORY,	OPERATION Y YEAR 19 ARM, ETC.) 12 87, on	211 LOCATION STREET 211 M 19 57 ad that in (my) (our) apinian DEGREE	200 AUTOPSY? YES NO CITY OR TO 12 12 12 12 12 12 12 12 12 12 12 12 12	70b IF YES, WIN CERTIFYIN YES [URY IN ITEM 18 PART OWN Jote and haur ar	VERE FINDINGS USE NG CAUSES OF DEA NO [] OR PART ?} COUNTY
MEDICAL	PART 2. OTHER SIGNATION 19a DATE OF OPERA 21a. ACCIDENT WAS UP OR CONTRIBUTING (IF EITHER NOTIFY MEE 21d. INJURY OCCUI WHILE 22a.1 certify that (I saw the decea above, (I) (we) 22b. SIGNATINE 22d. PHYSICIAL S. BURIAL, CREMATION	ATION ATION ADERLYING CAUSE OF DEA CRED ORK City to did not Could be a country to the coun	19b. COND 19b. COND 19b. TIME C THE HOUR A. 21e. PLACE (AT HOME, STI	DITION FOR WHICH IT INJURY M. MONTH DA M. OF INJURY REEL, FACTORY, OFFICE, FA 24 19 ofter death.	OPERATION Y YEAR 19 ARM, ETC.) 12	211 LOCATION STREET 211 LOCATION STREET 211 S J 19 S J d that in (my) (our) apinian DEGREE ATTENDING PHYSICIAN [22e ADDRESS LOCATION ATTENDING PHYSICIAN [22e ADDRESS ATTENDING PHYSICIAN [22e ADDRESS	200 AUTOPSY? YES NO CITY OR TO CITY OR TO MEDICAL STA DIRECTOR PHYSI 230 LOCATION	20b IF YES, WIN CERTIFYIN YES [URY IN ITEM 18, PART OWN 475 , 19	VERE FINDINGS USE NG CAUSES OF DEA NO 1 OR PART ?) COUNTY that (1) (nd fram the causes st
WEDICAL MEDICAL	gave rise to income (a), statunderlying cause PART 2. OTHER SIGNATE OF OPER/	ATION ATION ADERLYING CAUSE OF DEA CRED ORK City to did not Could be a country to the coun	19b. COND 19b. COND 21b. TIME C. HOUR A. 21e. PLACE (AT HOME, STI	DITION FOR WHICH IT INJURY M. MONTH DA M. OF INJURY REEL, FACTORY, OFFICE, FA Office death. 19 123c. N	OPERATION Y YEAR 19 ARM. ETC.) I AMME OF CI	211 LOCATION STREET 211 LOCATION STREET 211 J 9 93 Ad that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 22e ADDRESS	200 AUTOPSY? YES NO SED (ENTER NATURE OF INJ) CITY OR TO 10 12/2 death occurred on the company MEDICAL STA DIRECTOR PHYSI 23d. LOCATION CITY OF TOWN CY Garrison	70b IF YES, WIN CERTIFYIN YES [URY IN ITEM 18 PART OWN Jobe and haur an	COUNTY COUNTY

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP



STAT	E OF	MARY	LAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

	0	Uncolstrak						REG. NO	٥.			
		CEASED NAME	FIRST	A	MIDDLE		AST			DAY YEAR	2h HOUR	R
,	line	OR PRINT)	PAUL		N. S	SEN	ANES	C	EC	1 1987	111	10AM
H	3. SEX		4.	RACE		5. DATE C		6 AGE (IN YEARS LAST BIR	(HDAY)	IF UNDER I YEAR	IF UNDER 2	
	Ma	ale	1 20	White		June	24, DAY 1923 EAR	64	YRS	MONTHS	HOURS	MIN.
A	7a. BIF	RTHPLACE (STATE OR	FOREIGN 78		WHAT COUNTRY?	8.	NEVER MARRIED	9 BALTIMORE CITY O		OF DEATH		
-		aryland		U.S.A		WIDOWE	D DNORCED	Baltimor		V		MD.
cil		TY OR TOWN OF DE	ATH 1		HOSPITAL, NURSIN HEACILITY, GIVE STREET		OR OTHER INSTITUTION	120 USUAL OCCUPATE		12b. KIND C	F BUSINE	SSOR
d		altimore			Samaritan		oital	Self-emplo	yed	Food		
1	130 S	AL RESIDENCE (IF NUR. TATE Aryland	136 COUNT		Baltimo	N	134. INSIDE CITY LIMITS? YES NO	13e.STREET ADDRESS / 7009 Marie	ZIP CODE	venue	2123	4
-2	14 FA	THER'S NAME		DDLE	{AST		15. MOTHER'S MAIDEN NA					
) N:	icholas	Mi	DOLE	Senanes		Helen			Livadit	ou	
6	16a W	/AS DECEASED EVER ES, NO OR UNKNOWN) ES	I LIE YES GIVE Y	VAR OR DATES	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	SS			
	Ye	es	WW I	I	216-18-0	852	Mrs. Anne M.	Senanes s	ame a	s 13e		
		18 CAUSE OF DEAT								APPROXI BETWEEN	MATE INTERV	VAL
i		PART I. DEATH V	IMMEDIATE		CAR	Dio-	PULMONARY	ARRES	T			
1				DUE TO OF	R AS A CONSEQUE							
1		Conditions, if any		((b)_	affin and	PSI	2		5-17			
	1	gove rise to im- couse (a), stati		DUE TO OF	R AS A CONSEQUE	NCE OF				1 4	1	
		underlying couse	e lost.	((c)_	PAN	1 CYT	OPENIA.					
		PART 2. OTHER SIG	NIFICANT CO	INDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIV	EN IN PART TH	a -	
1	CERTIFICATION	CHA	RONIC				JKEMIA -	LUNG CI	TNCE	R		
01	CAT	190 DATE OF OPERA	TION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		, WERE FINDIN		
1	TIE							YES NO		S 🔲	NO [_
1		210. ACCIDENT WAS UN	l-gal	216. TIME O	FINJURY M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	LY IN ITEM 18 P	ART I OR PART 2)	100	1,-11-
Ė	MEDICAL	(IF EITHER, NOTIFY MED		P./		19						
	ED	21d. INJURY OCCUR	RED	21e. PLACE C	OF INJURY EET, FACTORY, OFFICE, FA	APM FTC 1	711. LOCATION STREET	CITY OR TO	WN	COUNTY	57	TATE
	2	AT WORK NOT WE	HILE D									
		220 1 certify that (I	(this hospito	l) ottended the	e deceosed from_		, 19	, to		19,	that (I) (w	ve) lost
		sow the deceos obove, (I) (we) (ed alive on did) (did not)	view the body	ofter death.	, or	nd that in (my) (our) opinion	deoth occurred on the do	ite and hou	r and from the	couses sto	ted
		22b. SIGNATURE	10 6	2 1			DEGREE			22t. DATE	SIGNED	1000
		2	For	ue -			ATTENDING PHYSICIAN	MEDICAL STAF		Dec	-1-1	1724
		THE PHYSICIAN'S N					27e ADDRESS			· · · ·	· -	
		40 SEI	PH H.	UBAY	KAH		6000 S	AMARITA	1N F	4021	(IA	_
		URIAL, CREMATION,	REMOVAL	23b. DATE	23c N	AME OF C	EMETERY OR CREMATORY	1234 LOCATION				TATE
	Bi	urial		12/04	/1987 Gr	eek (Cemetery	Woodlawn	Mary	rland	31	
	DA PAI	IN IED AL DIDECTOR					of lat max	F BECID BU BECKER LD	201 250:			

DHMH - 16 60M 7/84

BP.

24 FUNERAL DIRECTOR Leonard J. Ruck, Inc., Baltimore, Maryland (VRA 15, 4)

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Min Division Rudass

A rept , same, marke mind A rept , same, marke mind A rept , same, marke marke mind A rept of the same marked marked by an expectable marked marke					1	
And the state of t						
Sept. Sept		, the terminal of the terminal		New York	wis	
Service Company Continues	of 10 here she fee					
and there? I all on mess tempting is some about the solution of the solution	Jan's Perenter-Time					
	Self-spilit year, of section 1. Publish		omiti (s		Hale Hale	
	and they'r				na serio i	
		t armit . ava 1 C		T.		

desired to the factor of the f

BP. DHMH - 16 50M 1/81 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8	1 -	FOR STATE REGISTRAR			DEPART		ICATE OF DEATH	GIENE REG. NO.	5 2	T	4
		CEASED NAME	FIRST		MIDDLE		AST	20. DATE OF DEATH MO			26. HOUR p
			LAI	ONYA	R	SEW	ELL	DECEMBER	20,	198	$7 3:45_{M}^{F}$
	3. SEX			4 RACE		S. DATE (& AGE (IN YEARS LAST BIRTHD	AY] IF UNI	DER I YEAR	IF UNDER 24 HRS.
		female		blac	k	6	17 1974	13	YRS		
1		RTHPLACE (STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	#. MARRIE	D NEVER MARRIED X	BALTIMORE CITY OR			
2		Md	h	US	Α	WIDOW	D DIVORCED	BALTIMOR			MD.
5		TY OR TOWN OF DEA		11. NAME OF I	HOSPITAL, NURSIN HEACILITY, GIVE STREET JOHNS H	ADDRESS) _	OR OTHER INSTITUTION	120 USUAL OCCUPATION		L KIND OF	BUSINESSOR
2	17 41	BALTIMORE					NS HOSPITA	Student			
3	Illa. S	AL RESIDENCE (# NURS	13b. COU		Baltimor	'N	134. INSIDE CITY LIMITS?	313 S. Aug	usta A	venue	21229
3	COLU.	THER'S NAME		WIDDLE	LAST		15. MOTHER'S MAIDEN N	AME		1457	
12,	极	Rodney		MIDDIE	Sewel	11	Vonetta	MIDDLE		Washi	ngton
i		VAS DECEASED EVER		MED FORCES?	166. SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRESS	18		
	3	VES, NO ON UNKNOWN)	(# 105,01	E WAN ON DATES!	N/A		Rodney Sewe	11 313 S. A	ugusta	AVen	ue
		IL CAUSE OF DEAT	H (Enter o	ly one couse per	line for (a), (b), on	d (c1.)		1	L	APPROXIM BETWEEN O	NATE INTERVAL
		PART I. DEATH W		ID BY: TE CAUSE (0)	Cardiopu	amos	nary arres	T -		5n	NIO
		Conditions, if ony, gave rise to immediate (a), static underlying cause	mediate ig the	(b)_	R AS A CONSEQUE	ary	hypetensia	~		12.	nos
	CERTIFICATION	PART 2 OTHER SIGN	NIFICANT	upus e	rythern	cdoa		MINAL DISEASE OR CONDIT	ION GIVEN IN		
7	FICA	190 DATE OF OPERA	att	COND	1	hoan			N CERTIFYING	CAUSES	OF DEATH?
7		210. ACCIDENT WAS UNI	CAUSE OF DE	216 TIME O	FINJURY M. MONTH DA		- House U	RRED (ENTER NATURE OF INJURY IN	YES	OR PART 2}	но 🗆
	MEDICAL	21d. INJURY OCCUR	RED	21e. PLACE			211 LOCATION STREET	CITY OR TOWN	C	OUNTY	STATE
		220.1 certify that (I) saw the decease	ed alive or	12/2	0 19	87,0	. 17	to 220	and haur ond		hat (I) (we) last ouses stated
		776 SIGNATURE	U	view the blody	other death.		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN		12/20	SIGNED 7
		THE PHYSICIEN'S NO					220 ADDRESS J.H	. H.			
		W	1.01	IVA			600 NW01	fe St Balt	-m) 2	1209	
		SURIAL, CREMATION,	REMOVAL	236. DATE	23c h	NAME OF C	EMETERY OR CREMATORY	23d LOCATION	cou	all's	STATE
		Buri	al	12/24	/87 Ar	butus	Memorial Pa	rk Arbutus	COU	INITY	Md
		JNERAL DIRECTOR					25 - 0		REGISTRAR	SIGNATU	
	Wr	n. "C". Marc	h F/H	West 4	300 Wabas	h Ave	nue	40 1001 0			

THE NAME OF THE PARTY OF

DECEASED NAME JAN Michael DECEMBER 22 SHAFER BRANDON 4 RACE 5 DATE OF BIRLIN & AGE IN YEARS LAST BIRTHDAY! 3. SEX MONTH DAY male white April 30. 1987 To BIRTHPLACE ISTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 75 CITIZEN OF WHAT COUNTRY? MARRIED NEVERMARRIED Maryland USA BALTIMORE DIVORCED WIDOWED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12n USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE I IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TOIVSION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 BALTIMORE THE JOHNS HOPKINS HOSPITAL USUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130. STATE 131 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? Washington Maryland Hagerstown YES K NOF 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Robert Shafer Sue 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. LIE YES GIVE WAR OR DATEST none 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I, DEATH WAS CAUSED BY: Brain Death IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF TO Shock Conditions, if onv. which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) orked NOT WHILE 22a.l certify that (1) (this hospital) ottended the deceased from saw the deceased alive an. abave, (1) (we) (did) (did nat) view the body after death 226. SIGNATURE DEGREE ATTENDING MEDICAL IMPORTANT. 22d. PHYSICIAN'S NAME

Dec. 24, 1987

415 E. Wilson Blvd., Hagerstown, Md. 21740

FOR

- STATE

REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH A'ND MENTAL HYGIENE

CERTIFICATE OF DEATH

LAST

INDUSTRY none 13e. STREET ADDRESS 1714 Virginia Avenue 21740 MIDDLE Davis ADDRESS Robert W. Shafer, Hagerstown, Md. APPROXIMATE INTERVAL 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY IN CERTIFYING CAUSES OF DEATH? NOI NO [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 CITY OF TOWN COUNTY and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN Johns Hopkins Hospital 600 N Wolfe St Baltimore MD 23c NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery Hagerstown, Wash., Maryland 250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE

1987

IF UNDER 1 YEAR

11:1QA

IF UNDER 24 HRS

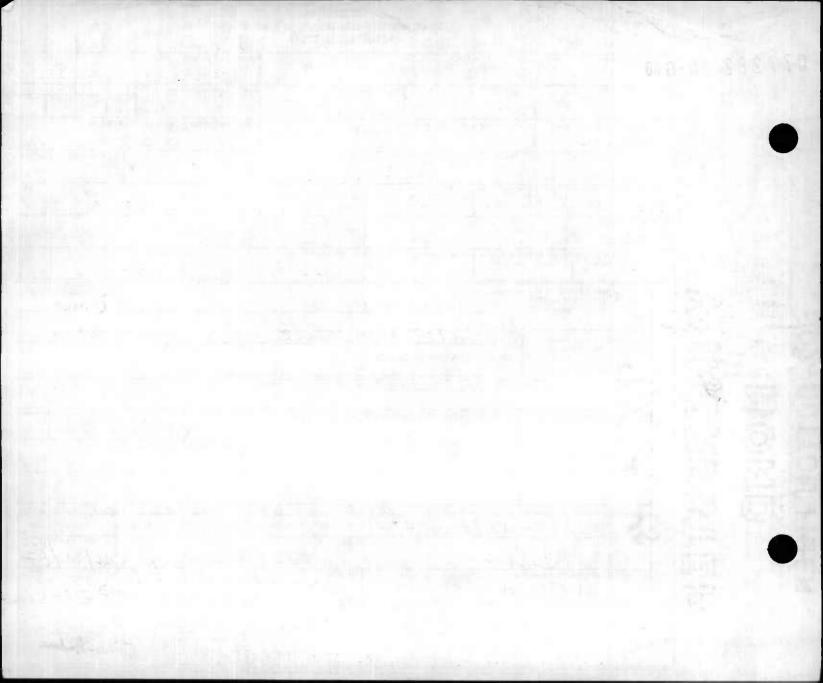
126. KIND OF BUSINESS OR

DHMH - 16 50M 1/81 (VRA 15, 4)

79

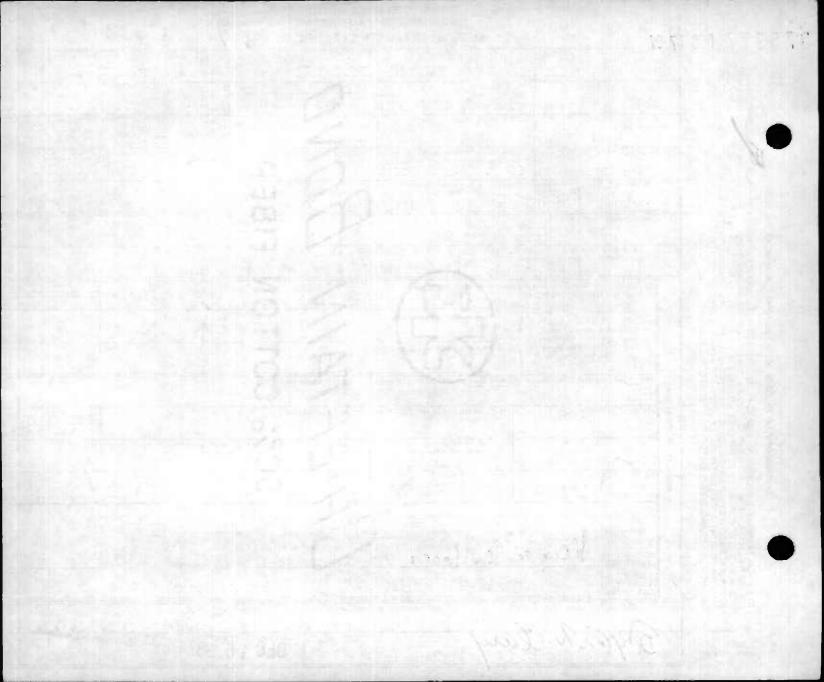
230 BURIAL, CREMATION, REMOVAL burial

24 FUNERAL DIRECTOR MINNICH FUNERAL HOME



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE GISTRAR DECEASED NAME 20 DATE KNOWN LIYPE OR PRINTS ESTI DANTEL LESLIE SHAMBERGER DEATH MATED 3 SEX 2d HOUR DATE INERAL DIREC LAST BIRTHDAY) PRONOLINCED Male White July 9, 1898 89 YPS TO BIRTHPLACE ISTATE OR 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COUNTRY Maryland USA Baltimore City DIVORCED ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION TYPE OF WORK 126 KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 23 E. Ostend Street Baltimore Retired Manager Trucking 13a STATE 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Baltimore City Balto. City YES X NO 23 E. Ostend Street 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME Arthur Shamberger Evert Persis Wheeler 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMANT (YES, NO, OR UNKNOWN) No 215-05-3286 Mr. Arthur E. Miller 2122 Sweet Brian NO 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) APPROXIMATE LIANE PART I DEATH WAS CAUSED BY AND MENTAL HYGIENE, ATION, OR REMOVAL Gunshot wound of head IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF MEDICAL EXAMINER AL Canditians, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to ED AS A HEALTH CERTIFICATION INER: THIS CRUIT-CONDUCTOR (ICATE, WRITING THE WORD "PEN ICATE, WRITING THE CHEE ME FORCE 3 SHOULD BE USED AT THE STATE DEPARTMENT OF HEALTHE STATE DEPARTMENT OF HEALTH STA 19g. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? HEAD ONLY) 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING FOR HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH P.M. December 87 self-inflicted 21e PLACE OF INJURY (AT HOME 21 LOCATION 214 INJURY OCCURRED STREET, FACTORY, FARM, ETC.) CITY OR TOWN WHILE AT WORK AT WORK home 23 E. Ostend Street Baltimore Maryland EXECUTE THE CERTIFICATE.)
PAGE 4 SHOULD BE FORW.
TO FUNERAL DIRECTOR: PA
AFTER DEATH, WITH THE STA
BALTIMORE, MARYLAND, 21 220 I certify that I took charge of the remains described above, held an Autopsy and in my apinion death resulted from Natural causes Undetermined monner TITLE (SPECIFY) DATE SIGNED 12-11-87 M.D. Assistant MEDICAL EXAMINER Margarita A. Korell, M.D. EXAMINER'S NAME 111 Penn Street (TYPE OR PRINT) 230 BURIAL CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION Cremation 12-12-87 Westview Crematory Catonsville Balto. Md 07/84 DEC 1 6 1987 DHMH - 17 10 W . Padonia Road (VR A15 ME (5))

STATE OF MARYLAND



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH

8 7 REG.	NO.	5	8	2	7	
20. DATE OF DEATH	MONTH	DAY	1	YEAR	26 HO	JR
	12	17	7	87	11	:00M
6. AGE (IN YEARS LAST	BIRTHDAY)			RIYEAR	IF UNDER	24 HRS
65	YRS		NIHS	DAYS	HOURS	MIN.
9. BALTIMORE CITY	OR COUN	ITY O	F DE	ATH		
Baltimor	e Cit	У				MD
(TYPE OF WORK FOR MOS HOUSEWIE	T OF WORKING	G LIFE)		KIND C)F BUSIN	ESS OR
13e STREET ADDRES	S / ZIP CC	DDE C	2+	21	201	

TYPE	E OR PRINT)	Betty	1		Sh	erman			12	17	87	11	:00
3. SE	X		4 RACE		5. DATE			6. AGE (IN YEARS LAS	BIRTHDAY)		DERIYEAR		R 24 HRS
	Female		Whi	ite	10		22	65	YR	MONTH	DAYS	HOURS	MIN
	IRTHPLACE (STATE OR	FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	D NEVER	MARRIED -	9. BALTIMORE CIT	Y OR COU	NTY OF D	EATH		
	Maryland		J	JSA	WIDOW	_	NORCED	Baltimor	e Cit	-y			N
10 CI	ITY OR TOWN OF DE	ATH		HOSPITAL, NURSIN		OR OTHER IN	STITUTION	120 USUAL OCCUP			L KIND O	F BUSIN	IESS C
	Baltimore		124 W.	Franklin	St.	Apt. 1	08	Housewif	e .	0 (11 ()	DOSTRI		
13e. S	AL RESIDENCE (IF NUR STATE aryland	13b. COUI		GIVE RESIDENCE BEFORE 134. CITY OR TOW Baltin	N	13d. INSIDE	CITY LIMITS?	13e STREET ADDRES	s/zpc	ope n St	. 21	201	
14. FA	ATHER'S NAME		MIDDLE	LAST		15. MOTHER	'S MAIDEN NA	ME					
	Clifford		MIODEL	Grubb		Rut	_	MIDDE		P	ower		
	WAS DECEASED EVER		MED FORCES?	16b. SOCIAL SECU	RITY NO.	17. INFORM	ANT	AD	DRESS				
	NO	(IF YES, GI		216-12-0	221	Edwin	Sherma	n 208 Red	Bud F	≀d.	2104	0	
NOI	Conditions, if ony gove rise to im couse (o), statu underlying couse	IMMEDIA , which mediate ng the e lost.	DUE TO, O DUE TO, O DUE TO, O	II AS A CONSEQUE R AS A CONSEQUE SMITHBUTING TO TO	NCE OF		0	ANEST.	7.2	GIVEN IN	PART III	on	
MEDICAL CERTIFICATION	210. ACCIDENT WAS UN OR CONTRIBUTING [CAUSE OF DE	NA P.	MA FINJURY M. MONTH M	OPERATIO YEAR 19		NJURY OCCUR	YES NOT NATURE OF Y		YES [RE FINDING CAUSES	NO I	O OTH?
MEC	21d INJURY OCCUR	- N	21e PLACE	OF INJURY REET, FACTORY, OFFICE, F	ARM, ENA	21f LOCAT STREE		СПТО	RIOWN	1	OUNTY		STATE

(our) opinion death occurred on the date and hour and from the causes stated DEGREE 224. DATE SIGNED

ATTENDING PHYSICIAN

22e. ADDRESS

23a. BURIAL, CREMATION, REMOVAL Burial 12/22/87

231. NAME OF CEMETERY OR CREMATORY Gardens of Faith Cem.

238 LOCATION Baltimore

Maryland

24. FUNERAL DIRECTOR DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT: If Item 2 should be detached with the State Dept.

BP.

Alan Seitz, Jr. 3818 Roland Ave. 21211

STATE

REGISTRAR DECEASED NAME

25 PATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

MEDICAL STAFF
DIRECTOR PHYSICIAN

			* 1	
		2		
		skine din		
			and the same of th	
	My 95 / 26 100		C 2 (4.12°).	
			Par Zyr	
Company of the last of the las				
	La participation	and the		
Latin Latin	a mount	tallie (Torona	P. S. BORNES	
		ta La	2 - Au	
		ALC: N		
	A LA SERS HIPANEL	2.4		
December 12 33	The Company of the same of the	January		
4 4 - 12 - 4 1		CEAL DEED	ALL ARES	
he the beautiful 2006	is the les	OVER SHE	1 12006	
tinistati encedella		• \	Island	
	100		mar India 4	

t in by the funeral director, page 3 be filed within 72 haurs after death

ATE			

DEPARTMENT OF HEALTH AND MENTAL HYCIENE

- 2			- 2	Fre	2	1	5
1	REG. I	NO.	Ü	Profit	Es.	3	0.

- STATE REGISTRA	AR	DET ARTI	CERTIF	ICATE OF DEATH	8 7 REG. N	3 5 2	8 1 8	
(TYPE OR PRINT)	ame adna	M. Shouse		AST	20. DATE OF DEATH		ZEAR ZE HOUR	
3. SEX		4. RACE	5. DATE O		6. AGE IN YEARS LAST BIR		I YEAR IF UNDER 24 HRS	
Comme Comme	2	lauc	11	02 18	69	YRS.	DATS HOURS MIN.	
70. BIRTHPLACE COUNTRY) Mary		76. CITIZEN OF WHAT COUNTRY? USA	8. MARRIE WIDOWE	D NEVER MARRIED	9. BALTIMORE CITY O		ATH ME	
10. CITY OR TOV	VN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET NORTH Charles	IG HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATI (TYPE OF WORK FOR MOST OF HOUSEWI 1	F WORKING LIFE) INDL	IND OF BUSINESS OR JSTRY	
Maryla	nd 13b. COUN	other institution, give residence befor ITY 13c. CITY OR TOW Baltimo	/N	13d. INSIDE CITY LIMITS?	36.STREET ADDRESS A		enue 2121	
IA. FATHER'S NA FIRS Sam	uel	O. Bower		15. MOTHER'S MAIDEN NAME FIRST Gertrude	MiDDLE M.		Kane	
160. WAS DECEA	SED EVER IN U.S. ARA	MED FORCES? 16b. SOCIAL SECU	JRITY NO.	17 INFORMANT	ADDRE	SS		
No		215-03-2	2225	Arleen Gardr	er 5908 Har	nah Road	21784	
PART 2 C	e to immediate oil, stating the government of th	DUE TO, OR AS A CONSEQUION (c) ONDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICH	DEATH BUT		200 AUTOPSY? YES NON	20b. IF YES, WERE		
00.0011201	ENT WAS UNDERLYING BUTING CAUSE OF DEA			21c. HOW INJURY OCCUR				
7 2	NOTIFY MEDICAL EXAMINER) RY OCCURRED NOT WHILE AT WORK	P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC 1	211 LOCATION STREET	CITY OR TO	wn cour	NIY STATE	
saw	220.1 certify that (1) (this haspital) attended the deceased from 177, that (1) saw the deceased alive an 1731, 1957, and that in (my) (aur) opinion death accurred on the date and haur and from the causes above, (1) (we) (did) (did not) view the body after death. 226. SIGNATORE 226. DATE SIGNE							
22d PHYS	SAN'S NAME (1990)	Y Yhan		ATTENDING PHYSICIAN 2220. ADDRESS	MEDICAL STA		2 (31/87	
Je	tren Ov	non		2724 h	. Charles	, St.		
(SPECIFY)	MATION, REMOVAL			EMETERY OR CREMATORY W Memorial P	23d LOCATION CITY OR TOWN Sykesvil	Lle	Maryland	
24 FUNERAL DI		ADDRESS		25a. DAT	E REC'D. BY REGISTRAR		-	

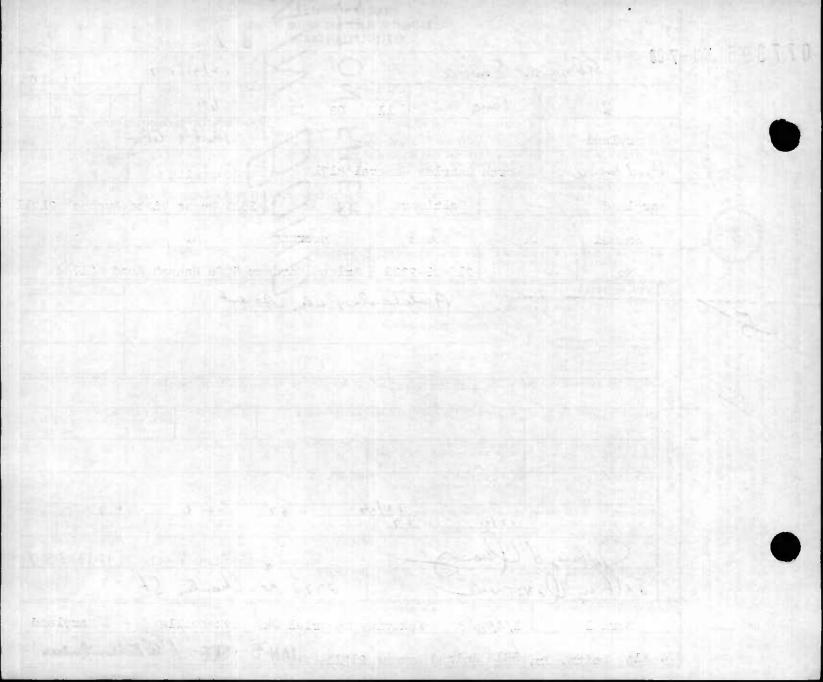
DHMH - 16 60M 7/84

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the offi should be detached far use as the burial-transit permit. Then please remays with the State Dept of Health and Mental Hygiene prior to burial, crematis

(VRA 15, 4)

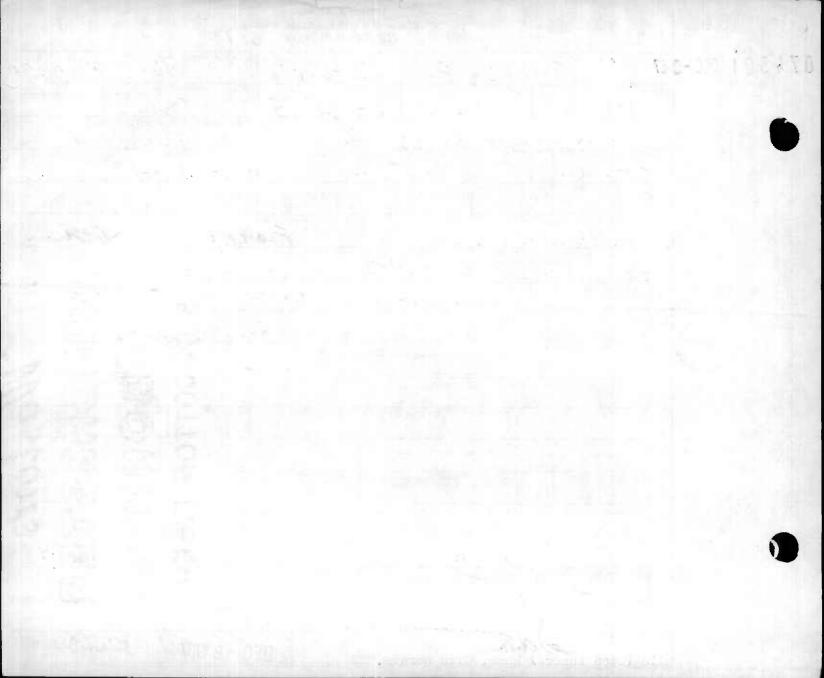
A. Alan Seitz. Jr. 3818 Roland Avenue 21211



Glen Burnie, MD

(VRA 15, 4)

Singleton Funeral Home.



07620

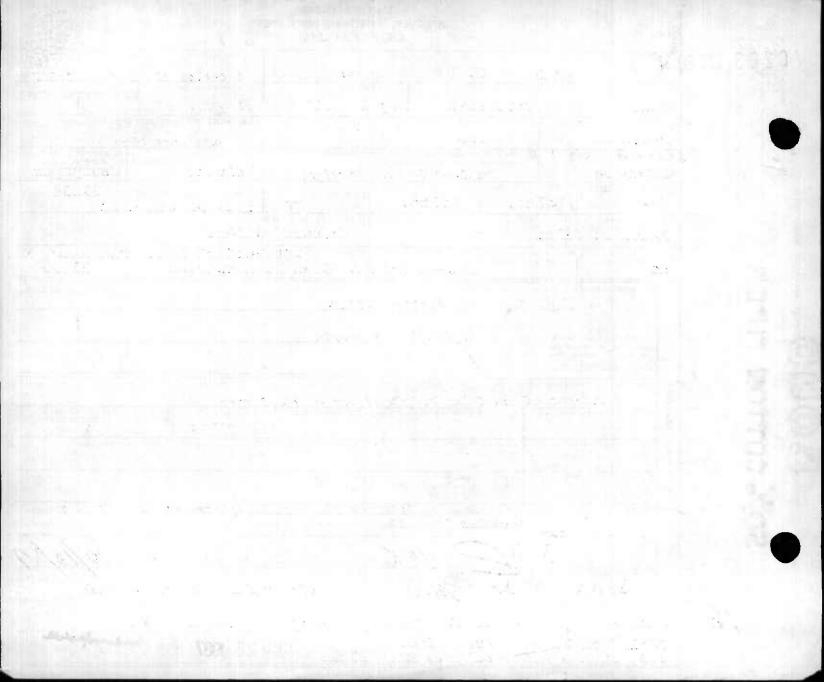
STA	TF OI	MAR	YLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	TATE REGISTRAR				CERTIF	ICATE OF DEATH	Н	8 7 REG. I	10.3	5 2 3	0
I DECE	ASED NAME	FIRST		DDLE	ł	AST	20	DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
		Edwin	0.	•	SI	KORA		Decembe	r 18.	1987	1:20P M
3. SEX		4. R.	ACE		5. DATE C			AGE (IN YEARS LAST E	IRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
Ma			aucas:	ian	May	1, 1906	AR	81 yrs.	YRS	MONTHS DAYS	HOURS MIN.
7a BIRTI	HPLACE ISTATE OR F	OREIGN 76 C		HAT COUNTRY	MARRIE	NEVER MARRIE	ED 🗆	BALTIMORE CITY	_		
					WIDOWE	D DIVORCE		Balti.	more (City	MD
	ortown of dea ltimore		(IF NOT IN SUCH I	FACILITY, GIVE STRE	ET ADDRESS)	Hospital	(type of work for most Printer		LIFE INDUSTRY	paper
USUAL 13a STA Md	RESIDENCE (IF NU -	Balte	P INSTITUTION G	THE RESIDENCE BEFORE 34. CITY OF TO Balt	ORE ADMISSION) WN O •	13d INSIDE CITY LIM		STREET ADDRESS			234
	ton B. S	Sikora	LE	LAST	- 11	15. MOTHER'S MAID Theres	DEN NAME	indra		LAST	Т
	S DECEASED EVER	IN U.S. ARMED	P OP DATES	66 SOCIAL SEC 213-03		17. INFORMANT 1 A Joan	09 B				ium, Ma 1093
11	CAUSE OF DEAT	H /Enter only or	ne couse per li	ne far (a), (b), c	and (c)					APPROXI	MATE INTERVAL
1 1"	PART I. DEATH W			Respira	toru f	o i 7				ac i we control	VIOLE HILD DE HILL
		IMMEDIATE CA	AUSE (o)	сорига	LOIG I	arrure					
1 1	DUE TO, OR AS A CONSEQUENCE OF										
	Conditions, if any, which (Aspiration pneumonia										
	gave rise to immediate cause (a), stating the DUETO, OR AS A CONSEQUENCE OF										
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/10											
										a	
TA TO	a. DATE OF OPERA	ION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED				ne La	200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED			
CERTIFICATION								YES NO		TIFYING CAUSES	OF DEATH?
H 12	10. ACCIDENT WAS UND	ERLYING 🗍	21b. TIME OF	INJURY		21c HOW INJURY O	OCCURRED				
	OR CONTRIBUTING			MONTH	DAY YEAR			, content of the cont			
I ₫ L	(IF EITHER NOTIFY MEDI		P.M		19						
9 1	Id. INJURY OCCURE		21e PLACE OF	F INJURY T FACTORY, OFFICE	F FARM FIC)	211 LOCATION STREET		CITY OR	OWN	COUNTY	STATE
	WHILE NOT WH	PK -	(and a state		c, / mm, c/c /						
	220.1 certify that (this haspital) attended the deceased from November 23 , 19 87 , to December 18, 19 87 , that (i) (we) lost										
	saw the decease	ed alive an	Decembe	or 78 19	87.0	nd that in (myx(our) o					
7	obave, 1/1 (we) (c 2b, SIGNATURE	iia i gangrayoti vie	w the body of	rter death.		DEGREE				22s DATE	SIGNED
	22b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR DIRECT										
2:	2d. PHYSICIAN'S NA	ME TYPE OR PRI	4	18		22e ADDRESS				/	/
	John	, H =	2000	min	9	c/o	Mary	land Gene	eral H	<i>lospital</i>	
23a BUI	RIAL, CREMATION,	REMOVAL 2	3b. DATE	230	NAME OF C	EMETERY OR CREMA	ATORY	23d LOCATION			
	rïal		12-22			v Vallev	,	Balto	. , Mc	I.	STATE
24 EUN SC	himunek	Funer	al Ho	me, In	c.	7	254 DATE R	2.3 1987	R 756 REGU	TRAPIS SIGN	male le
33	31 Breh	ns Lan	e, Ba	lto.,	Md.	21213	720	1001			

DHMH - 16 60M 7/B4 (VRA 15, 4)

FOR



Capitol Funeral Service, Falls Church, VA

JAN 4

DHMH - 16 60M 7/84 (VRA 15, 4)

Orvensians dept. e5: 2955

ALL U ALL YES

Jungel

10.00

described in account of account of the second of the secon

2-1-00-3142 Ann 1. Strangels (worker) while an 13

supid: Eylet, of striken secretal fact dispect, Virginia

Cap tol Funeral Service, Jalla Church, va

taa soot-te

A STATE

5 7 6 1 DEC 22	1	FOR STATE REGISTRAR	D	EPARTMENT O	ATE OF MARYLAND F HEALTH AND MENTAL H TIFICATE OF DEATH	IYGIENE REG. NO.	3 5 2 2 2
oge 3 og be		CEASED NAME FIRST HENRY	STRIMONS		LAST	20 DATE OF DEATH MO	NIH DAY YEAR 26 HOUR 17 87 10 AM
ge 4 may	3. SE	MALE	4. RACE BLACK	5. DAT	E OF BIRTH DAY YEAR 33	6 AGE (IN YEARS LAST BIRTHD)	AY) IF UNDER I YEAR IF UNDER 24 HR. MONTHS DAYS HOURS MIN.
death 72 have		RTHPLACE ASTATE OR FOREIGN	76 CITIZEN OF WHAT CO	MAR	RIED HEY DAARRIED WED DIVORCED	BACIII	MORE (177 MD.
by the full filed with	-	BOLTIM ORE	TRON () 5	VE STREET ADDRESS)	E OR OTHER INSTITUTION	120 USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WO WEST TO THE	ORKING LIFE) INDUSTRY
AND 217	.13a.	7.0		DR TOWN	13d. INSIDE CITY LIMITS?	5200 ED	PCODE STURN DNE 21224
MARYLAND MARYLAND MARYLAND Should MARYLAND)	Elijah.	MIDDLE Robi	nson	Louis	MIDDLE	Simmons
be exect on and s. Pages	160 \			-48-101		lashington isc	18 Central PKGrou
ST., BAL ertificate g physica anpaper emaval.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA	nly ane cause per line far ia ED BY TE CAUSE (a)	7512C	ARREST		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 7 mm.
PRESTON he death co		Conditions, if ony, which gave rise to immediate	DUE TO, OR AS A CO	ROGRES.	SIVE ACIDOSI.	5	2 DAS
es that the ned by the please renuial, cremurial, cremu		cause (a), stating the underlying cause last.	DUE TO, OR AS A CO	SCP51	5 + RCNOL	Followe	40015
ORDS, 2 requires to Then p ar to bur y injury.	TION					rminal disease or conditi	
TAI RECO	CERTIFICATION	13/11/87	SQUATIONS			YES NO	DE IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES NO
DIVISION OF VITAL RECORDS, NG PHYSICIAN. The low require offending physicion. Ifter this certificate has been sign os the buriol-transit permit. Then th and Mental Hygiene prior to be orked or fless. 18 staws any injury	MEDICAL CE	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE) 21d INJURY OCCURRED		1	AR	URRED (ENTER NATURE OF INJURY IN	ITEM 18 PART 1 OR PART 2)
DIVISION DIVISION DIVISION TO attent thus To as the builth and hu	WEL	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY	, OFFICE, FARM ETC		CITY OR TOWN	COUNTY STATE
ATTEND aspertal of the control of th		22a.1 certify that (h) (this hasp saw the deceased anve or above, (h) we) (did) (did no 22b SIGNATURE	-127 /1-2	19 87	, and that (my lour) opinion	an death occurred an the date	and hour and from the causes stated
by the P by the Directory State Der		22d PHYSICIAN'S NAME ILLING	<u></u>		ATTENDING PHYSICIAN		1 1 /2-/-
TO HOSPITAL retoined by the TO FUNERAL should be dere with the State IMPORTANT:	22	A.J. VA	yon, tr.,		22. 5. GM	crue et, Bou	T. MD 21201
BP	234	BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	12/27/87		F CEMETERY OR CREMATOR CEMETERY	CHARLESTON,	COUNTY

25 DATE REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

WM. C. MARCH F/H, INC. 1101 E. NORTH AVENUE

Chatman-Harris FA 1701 McCulloh Street

DHMH - 17

(VR A15 ME (5))

Link Charles in the control of the c to a fig. of the second method and the state of the second second

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 074301 MEDICAL EXAMINER'S CERTIFICATE OF DEATH DECEASED NAME 20. DATE KNOWN X MONTH 26 HOUR (TYPE OR PRINT) OF ESTI-E FUNERAL DIRECTOR.
E 5 FOR YOUR FILES.
ED WITHIN 72 HOURS William 0 Skelton DEATH MATED 1087 3 SEX 4. RACE DATE OF BIRTH & AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS. 6:16 DATE MONTH DAY YEAR LAST BIRTHDAY PRONOUNCED 10 23 25 1087 62 a . M TO BIRTHPLACE ISTATE OR 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED TO NEVER MARRIED FOREIGN COUNTRYS Baltimore City, MARYLAND USA DIVORCED PAGE 5 IO CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 1). NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE! (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) OR INDUSTRY Baltimore Francis Scott Kev Medical Center TRUCK DRIVER INDEPEN 1, 2, AND 3 TO M 3. RETAIN P D 2 SHOULD THAL RECORTS SUAL RESIDENCE LIFTIN NURSING MOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONA 13e. STREET ADDRESS 136. COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? MD BALTO DUNDALK 7829 APT 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS 7829 APT A. EAST (YES, NO, OR UNKNOWN) 1 (IF YES GIVE WAR OR DATES) n/a 216183875 no GERTRUDE SKELTON COLLINGHAM DR 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH EXECUTE THE CRETIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN 1TEM 18.

PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG W
TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT.

AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE.

BAMETIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Hypertensive Arteriosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 Pulmonary Emphysema and Diabetes Mellitus 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NO [X 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 211. LOCATION STREET, FACTORY, FARM ETC 1 CITY OR TOWN WHILE NOT WHILE COUNTY STATE Inspection XX 22a. I certify that I look charge of the remains described above, held an Autopsy death resulted from Hamicide _____ Undetermined monner TITLE (SPECIFY) ACTUAL 12 - 3 - 87Assistant SIGNATURE EXAMINER'S NAME Charles P. Kokes, M.D. 111 Penn St., Balto., Md. 21201 (TYPE OR PRINT) 238 BURIAL CREMATION REMOVAL 236 DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY BALTO MD BALTO 12/05/87 CREMATION WESTVIEW 07/84 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** www. Jondall

(VR A15 ME (5))

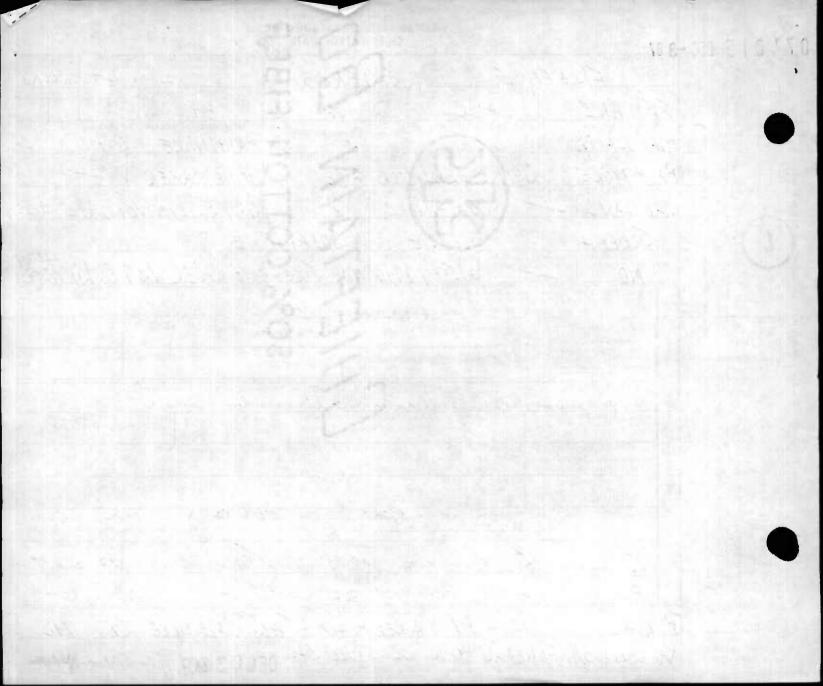
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	ZEGISTRAR		CERTIFIC	ATE OF DEATH	REG. N) ~ · ·	Jua cius	Th. (1)			
T DE	CEASED NAME FIRST	WIDDLE	LAS'		20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR			
THE.	FLORE	NCE	SKI	ER3KI	1	2 1	87	11 20 A M			
1 5E		4 RACE	5. DATE OF	BIRTH YEAR &	6 AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS			
1	EMALE	CAUC.	3	·18 · 06	81	YRS					
7a BI	RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY	8 MARRIED	NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY O	FDEATH				
m	ANYLAND	434	WIDOWED	DIVORCED [BALTIMON	E (2144	MD.			
10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	NG HOME OR	OTHER INSTITUTION	120 USUAL OCCUPAT		126. KIND OF	F BUSINESS OR			
DA.	LIMORE	491 9. LINY	1000	AVE	HOMEMA	KER					
	AL RESIDENCE (IF NURSING HOME O	INTY LIZE CITY OR TOV		34 INSIDE CITY LIMITS?	13 STREET ADDRESS	ZIP CODE	1				
MP	KYLAND -	SALTIM	0,10	YES 8 NO []	W275. L	INWO	ODAY	E 2122			
14 FA	THER'S NAME	MIDDLE ALL WAST		5 MOTHER'S MAIDEN NA	ME MIDDLE		LAST				
	JOSEPH	SIELDE		JOSEPHI	NE						
	VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SECTIVE WAR OR DATES!	URITY NO 1	7 INFORMANT	ADDRI	ess /	01	2/224			
	NO -	215.07.	1946	MKS JOSEPH	YME WAVEA	(102)	5.1	(N/WOOD)			
	18 CAUSE OF DEATH (Enter D	nly one cause per line for (a), (b), a	nd (cs.)	· ·			BETWEEN	MATE INTERVAL DNSET AND DEATH			
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardian ulmongo avert									
	Transfer of	DUE TO, OR AS A CONSEQU	ENCE OF	entrovarens	- precioen	*	1 - 1 - 1				
	Conditions, if any, which (15)										
	gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF										
	underlying cause last. (c)										
2	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110										
CERTIFICATION	pertagnia		role		culor der						
5	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION	WAS PERFORMED	200 AUTOPSY?	20b. IF YES, V IN CERTIFYIN					
#	A ACCIDENT WAS IN THE PARTY OF THE	THE OF BUILDIN		** 1101// 111111111111111111111111111111	YES NO	YES [NO 🗌			
	OR CONTRIBUTING CAUSE OF DE		AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	I OR PART 2)				
MEDICAL	LIFETHER NOTIFY MEDICAL EXAMINE		19								
A ME	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE,		II LOCATION STREET	CITY OR TO	IWN	COUNTY	STATE			
1	AT WORK		11		1		. 7				
		ostal) attended the deceased fram.		19	, to 172-	. 19.		that (I (we) last			
		at view the bady after death.		that in (my) (aur) apinian	death accurred an the d	ate and hour a					
	226 SIGNATURE	K 61	DE	GREE ATTENDING I	MEDICAL STA	FF	224. DATE	IGNED			
	Inaw (X Conjan		PHYSICIAN P	DIRECTOR PHYSIC		1/2/2	2/57			
18	THE HAR MAME (TYPE	OR PRINT)	1. 1	22e ADDRESS		0 14					
	DRYKNI	12. EL MA	1917	3623 62572	en Alle	Dalle	21	224			
220 B	SURIAL, CREMATION, REMOVAL	23b DATE 23c	NAME OF CEN	METERY OR CREMATORY	234 LOS ATION		99tty	VATE			
100	(K)AL	10.4.01 JA	CRED !	TEART IT JES	US VILLIA	DKE C	D.	MD			
L'A	INERAL DIRECTOR	INFOIL HOMES	1525	FIRST STORAT	E REC'D. BY REGISTRAR	25b REGISTRA	R'S SIGNATI	JRE .			
LA	C COCONDITI	more point	0000	1,001	Fr. U.3 1987	- Felia L	lauridson-	Monde			

DHMH - 16 60M 7/84 (VRA 15, 4)

PORTANT, 8



FOR

- STATE

DHMH - 16 60M 7/84 (VRA 15, 4) REGISTRAR

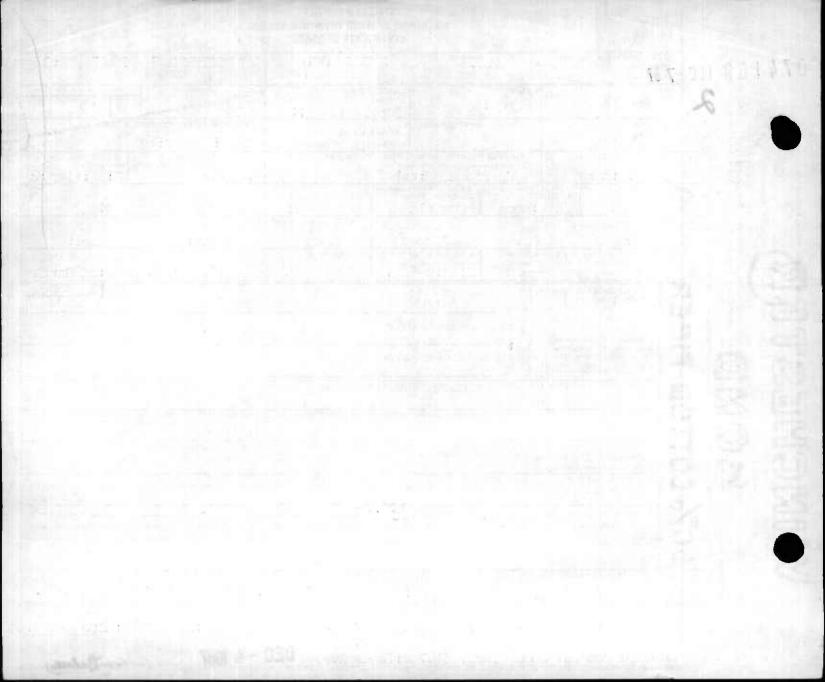
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Charles and the second SVEN 277 Skalling Region 1548 x 2 David Jast Constraint New Colonia March 1975 2 3 4 1 3 Z DEPTONE AND THE BUTCH IN THE PARTY OF THE PROPERTY AND THE PARTY OF TH BY LEVEL OF THE STREET OF STREET SANDERS AND THE STREET SANDERS AND THE SANDER

	١,	FOR STATE		DEPAR		EALTH AND A		IENE	17	5	2 2	7
		REGISTRAR				ICATE OF D		5 /	REG. NO). ==,	30 400	
G DEC	TOEC	CASED NAMMYRTLE	MA	RIE	SN	ÍALLWO(OD	DECEMBER 1,		RNTH1,	[№] 1987	268°935p1
2 7	3 SEX		4 RACE		5. DATE C			6. AGE (IN YEA	ARS LAST BIRT	HDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
A softer	1	Female	Whi	te	Sept		11	76		YRS.	MONTHS DAYS	HOURS MIN.
2 to		RTHPLACE STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTR	Y? 8 MARRIE	D NEVER A	AARRIED 🗆	9 BALTIMOR	E CITY OF	COUNTY	Y OF DEATH	
2 2	-	Maryland	US		WIDOWE	DK DN	ORCED	Balti				MD.
37	10 CI	TY OR TOWN OF DEATH	HE NOT IN SUI	HOSPITAL, NURS	EET ADDRESS)	OR OTHER INST	ITUTION	120 USUAL O	FOR MOST OF		FEI INDUSTRY	F BUSINESS OR
2		Baltimore LL RESIDENCE (IF NURSING HOME O		ch Hosp				Labore	er		Disti	llery
35	13a S	TATE VI36 COU	rotherinstitution NTY Limore	13c. CITY OR TO Dunda	NWC	134 INSIDE C	ITY LIMITS?	13e.STREET AL				24
00	_	THER'S NAME				15 MOTHER'S	MAIDEN NA					
150	V	Thomas	J.	Cas	key	Edr	na	N	Marie		Be	lt
licol /		AS DECEASED EVER IN U.S. AL	RMED FORCES?	166 SOCIAL SE	CURITY NO.	17. INFORMA	NT		ADDRES	S		
Ded .	1	NO NO	VE WAR OR DATES!	216-10-	-6629	Alvert	a V. M	arshall	, 24	5 E.	Medwick	Garth
- ±		18 CAUSE OF DEATH (Enter of	nly ane cause pe	r_line for_ia1 (b)	and (c)						APPROXI BETWEEN	MATE INTERVAL ONSET AND DEATH
vent /ent		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	ED BY. TE CAUSE (a)	CA BLAI	DDER							
o o		MMEDIA										
o 'u			DUE TO, C	R AS A CONSEC	DUENCE OF						1 300	
o pho		Conditions, if any, which	(b)_									
eme		couse (0), stating the	DUE TO, C	R AS A CONSEC	DUENCE OF							
ose offi		underlying cause last.	(10)									
buric ory, o	z	PART 2 OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING T	O DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE	OR COND	ITION GIV	VEN IN PART 11	a
orior t	CERTIFICATION	190 DATE OF OPERATION	TIN COND	ITION FOR WHI	CH OPERATIO	N WAS PEREO	RMED	200 AUTOF	25.43	20h IF YE	S. WERE FINDIN	VGS LISED
Hygiene prior	FIC	THE OF CHENTROT	110 00.10		CIT OF ENTITIO		W. C.	100		IN CERTIF	FYING CAUSES	OF DEATH?
Sho	- 2	210. ACCIDENT WAS UNDERLYING	7 21b. TIME C	DE INTUINY		In How h	ILIDY OCCUPA		ио 🗌		ES 🗌	NO 🗌
Tronsit I Hygie 18 sho		OR CONTRIBUTING CAUSE OF DE	110110	M. MONTH	DAY YEAR	ZIL. NOW IIV	JURT OCCUR	RED (ENTERNATI	JRE OF INJUR	IN ITEM IS P	PART TOR PART 23	
Mental-tr	OA	LIF EITHER NOTIFY MEDICAL EXAMINE		.M.	19							
. 7	MEDICAL	21d INJURY OCCURRED		OF INJURY	- f. D	211 LOCATIO	N		CITY OR TOV	vN	COUNTY	STATE
olth ond morked	2	WHITE NOT WHITE	(AT NOME ST	ALL I, FACTORY, OFFI								
Hada H		22a Leastify that (I) (this hase	utal\ attended t	he decensed from	OCT.	28 -	10 87	, DEC	J. 1		19 87	that (1) (we) lost
He He		220 I certify that (I) (this hosp sow the deceased alive or	DEC.	1	87	nd that in (my)	(Dur) Doubleb	death accurred	on the do	te and hou	and from the	, , .
2 9		obove, (l) (we) (did) (did n	at view the body	ofter death.			(corr opinion		OII THE GO	TC GIIG IIO		
Dept f hea		22b. SIGNATURE				DEGREE					221. DATE	SIGNED
		ALCOHOLD CALL				A	TTENDING PHYSICIAN F	MEDICAL DIRECTOR	PHYSIC	IAN		
State ANT:	1	224 PHYSICIAN'S NAME (TYPE	OR PRINT)					н ном			AL	
with the State		Bern	or 1	happy	al		_				LTIMOR	RE,MD.
2 3 ₹ 1	230 E	URIAL, CREMATION, REMOVA	236 DATE	1. 23	NAME OF	EMETERY OR C	REMATORY	234 LOCAT				
	1	Burial	12/5/	87	Oaklawr	Cemete	ery	East	point	Ba	ltimore	Maryla
	24 FL	INERAL DIRECTOR				21229	250 DAT	E REC'D. BY RE			TRAR'S SIGNAT	
5 60M 7/84 15, 4)	Hu	bbard Funeral	Home. Ir	C - 410	7 Wilke		DEC	-4 19	87	À.		
	1 4400	more warm with the west about the first the first	LL THINGS	LU I TILU	1 11-1-17	TIVE TIVE			and the	madelille. All o	CATTLE AND IN THE REAL PROPERTY.	



7	6977 JAN -	: 0	3				MENT OF F	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	8 7 R	3 5 EG.No.	2 2	8
1021201	1 hours offer death. Page 4 may be Cod in by the function action page 3 defined with the contraction of the happing of the hap	3. SE 70. B	RTHPLACE (STATE OF F. COUNTRY) AL RESIDENCE (# NURS) STATE	OREIGN TH	7b. CITIZEN OF 11. NAME OF (IF NOT IN SU UP 110 OTHER INSTITUTION	PLSITY DE	5. DATE (MONTH AMARRIE WIDOWE NG HOME (T ADDRESS) RE ADMISSION)	DOR OTHER INSTITUTION	6. AGE (IN YEARS 9. BALTIMORE C 120. USUAL OCC (TYPE OF WORK FOR	ATH MONTH 2 8 (AST BIRTHDAY) YRS. CITY OR COUNT UPATION MOST OF WORKING 10 4 ed	112b. KIND C	2b. HOUR J. J. A. M.
TIMORE, MARYLAN	be executed within 2 on and completely fil 's. Pages and 2 should be medical examiner or	16a. V	NTHER'S NAME FIRST THUMAS VAS DECEASED EVER FREY RODOR UNKNOWN)	IN U.S. AR/	MIDDLE MED FORCES? E WAR OR DATES!	AUND ST- 16b. SOCIAL SEC 212 34		YES NO I 15. MOTHER'S MAIDEN N. FIRST 17. INFORMANT CHAR	R	DOLE CONTROL OF THE PROPERTY O		ules
. 201 W. PRESTON ST., 8A	renthal the acoth certificote production of the acoth company of the acoth certification of the acoth the aco		Conditions, if ony, gove rise to imm couse (a), statin underlying couse	AS CAUSEI IMMEDIAT which nediote g the lost.	DUE TO, C	Responsed TRACH	JENCE OF JENCE OF JENCE OF	SOPITATION NAMED TO THE TER		one A	3:	MAJE INJERVAL ONSET AND GEATH CONSET AND GEATH
DIVISION OF VITAL RECORDS	G PHYSICIAN: The law require attending physicion. er this certificate has been sign; the buriol-transit permit. Then, and Mental Hygiere prior to by ked or Item, 18 staws any injury,	MEDICAL CERTIFICATION	190. DATE OF OPERAT 210. ACCIDENT WAS UND OR CONTRIBUTING CIFETIMER NOTIFE MEDIC 21d. INJURY OCCURR WHILE NOTIFE MEDIC AT WORK AT WORK	ERLYING AUSE OF DEA	216. TIME C HOUR A P	oputaci	DAY YEAR	N WAS PERFORMED ADJUNY 211. HOW INJURY OCCUP 211. LOCATION STREET	RRED (ENTER NATURE	IN CERT	ES, WERE FINDII IFYING CAUSES ES PART 1 ORPART 2] COUNTY	
ā	O HOSPITAL OR ATTENDING estained by the haspital or att or EUNERAL DIRECTOR: After hould be detached for use as 1 with the State Dept. of Health or MPORTANT: If them 21 is marken		22a. I certify that (1) sow the decease obove, (1) (we) Id 27b. SIGNATURE WWW 27d. PHYSICIAN'S NA	(this hospited of olive on, lid) (did not	view the blody	y offer death. 19		d that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 22. ADDRESS 2.2. S G. J	MEDICAL	STAFF PHYSICIAN	22c. DATE	SIGNED 2E/P

DHMH - 16 50M 1/B1 (VRA 15, 4)

24 FUNERAL DIRECTOR
Wm. NC. March F/H West 4300 Watbash Avenue

Burial

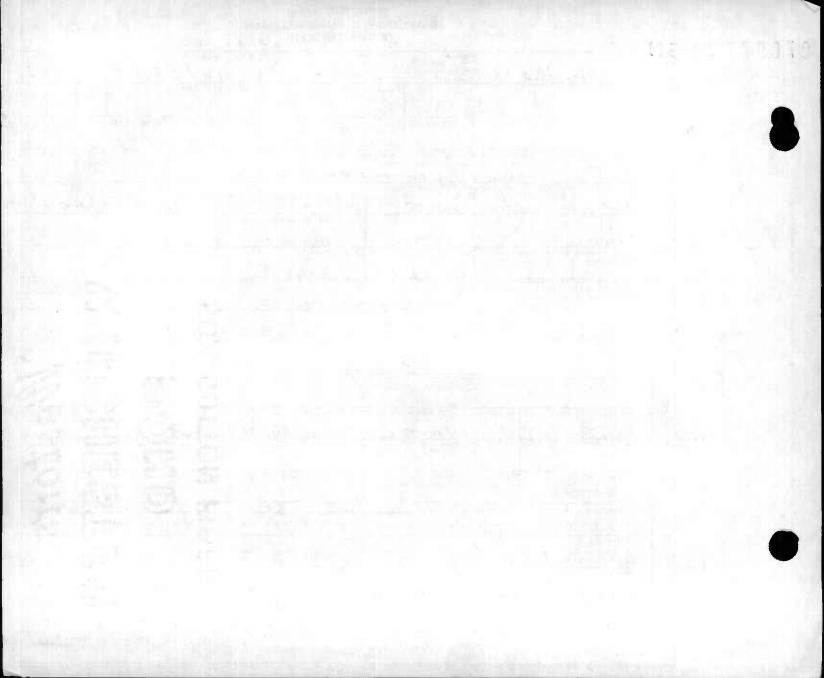
1/4/88

Cedar Hill Cemetery Ann

Anne Arundel Co

CO Md

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE



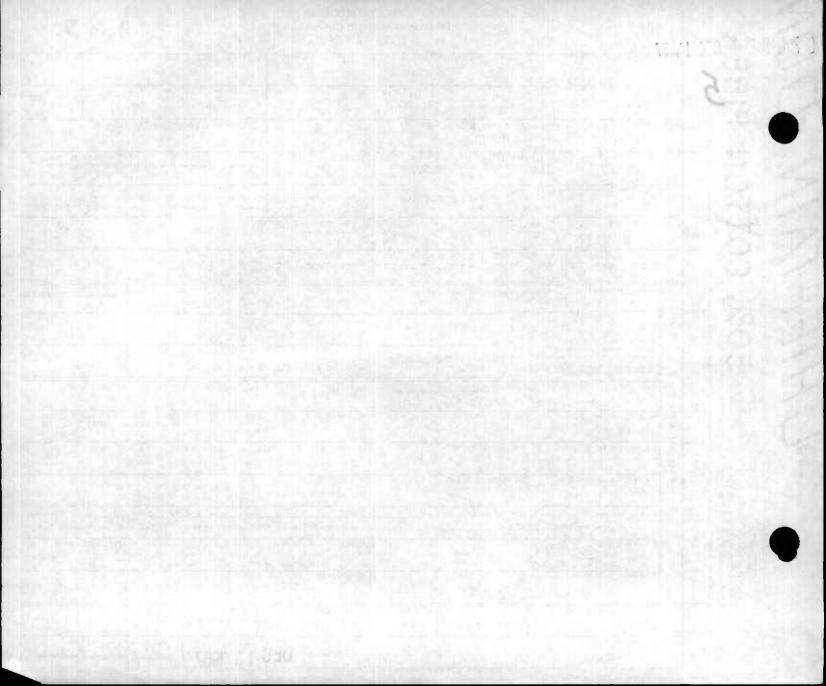
FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	7REGISTRAR					REG. NO.	
1	DECEASED NAME FIRST	WIDDLE	1.7	151		20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
l	CHARL	ES H.	SMI	TH		12 1	LO 87 M
I	3.5EX	4 RACE	S. DATE O				IF UNDER I YEAR IF UNDER 24 HRS
1	MALE	BLACK	12	18	2 7	59	DATS MOUNS MIN.
1	TO BIRTHPLACE (STATE OF FOREIGN	16 CITIZEN OF WHAT COUNTRY?	8 MADDIET	XX NEVER N	APPIED T	9 BALTIMORE CITY OR COUNTY	OF DEATH
1	MD	USA	WIDOWE	D DN	ORCED	BALTIMORE CIT	ТҮ мо
	BALTIMORE	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET 914 ANDOVER ROA	ADDRESS)	R OTHER INST	ITUTION	120 USUAL OCCUPATION TO NEMPLOYED ING LIF	IZE KIND OF BUSINESS OR IND TYSABLED
1	USUAL RESIDENCE (IF NURSING HOME OF 13a STATE 13b COUL		DRE	134 INSIDE CI		130.STREET ADDRESS / ZIP CODE 914 ANDOVER R	OAD 21218
1	14 FATHER'S NAME BRADLEY	MHDDLE LAST A I	RTIS	PEA1	MAIDEN NAM	MIDDLE	SMITH
1	160 WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU 219-03		17. INFORMAL REBE		ITH 914 ANDOV	ER ROAD
Ī	PART I. DEATH WAS CAUSE	nly ane cause per line far (a), (b), and D BY: TE CAUSE (a)	d (c)	METABO	Lie A	cidosis	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Canditions, if any, which	DUE TO, OR AS A CONSEQUE	ENCE OF	Chronic	RENAL	- Faicure	weeks
1	gave rise to immediate couse (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE	ENCE OF	LEPATOI	RENAL	syndome	weeks
١	- 1			NOT RELATED	TO THE TERMI	NAL DISEASE OR CONDITION GIV	EN IN PART 1:0
1	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	SE CACLIOMYOFAT	/	N WAS PERFO	RMED		, WERE FINDINGS USED YING CAUSES OF DEATH? NO NO
	OR CONTRIBUTAGE CAUSE OF DE	HOUR A.M. MONTH DA	AY YEAR	21c HOW IN.	IURY OCCURRI	ED (ENTER NATURE OF INJURY IN ITEM IB P.	ART I OR PART 7)
	OR CONTROLLING THE CONTROLLING	21e PLACE OF INJURY (AT HOME, STREET, FACTORY OFFICE, F	ARM ETC)	21f LOCATIO STREET	Ν	CITY OR TOWN	COUNTY STATE
1	220 I certify that (I) this hospi	ottended the deceased from 12/1/	87 . an	d that in (my)	, 19 <u>87</u> (our) opinion d	to 12/10 leath occurred an the date and have	19_82_, that (I) (we) last and from the causes stated
	276 SIGNATURE	I. Leutsky	C		TTENDING HYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	12/11/87
	228 PHYSICIAN'S NAME (TYPE O	I. Levitsky		22e ADDRESS		Hopkins Nospi	Toż
	230 BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL		ALTIM	METERY OR C	REMATORY EMETER	PALTIMORE	COUNTY STAND
1	WM. C. MARCH F/H	, INC. 1101 E.	NORTH	AVENUE	DE L		PERIOD RANGE

DHMH - 16 60M 7/84

(VRA 15, 4)



mofter death

FOR

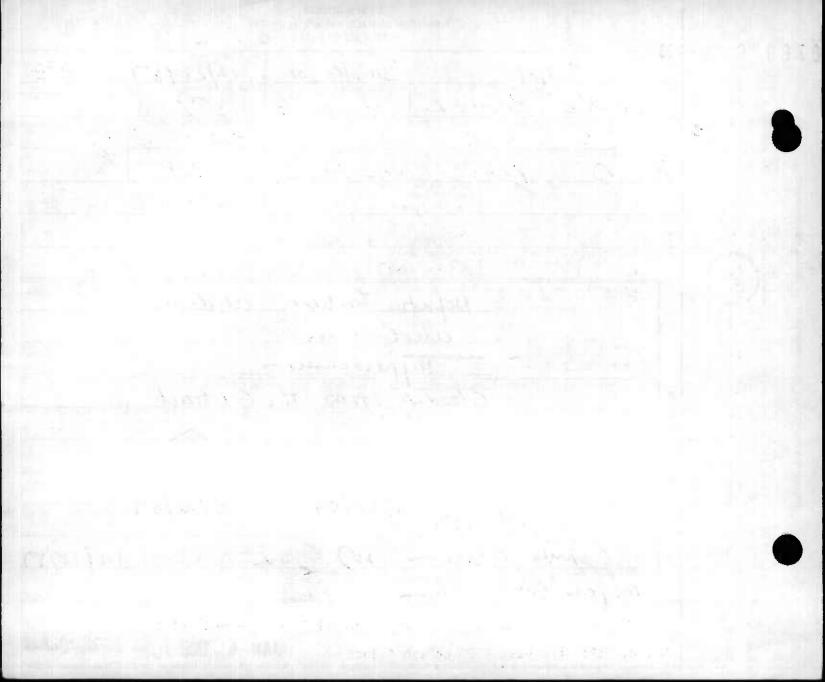
STATE OF MARYLAND

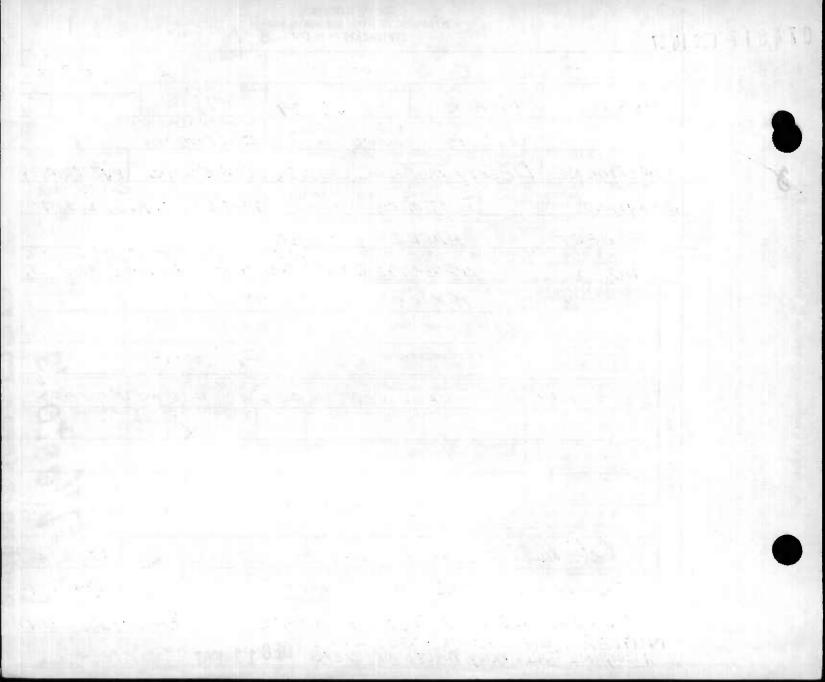
DEPARTMENT OF HEALTH AND MENTAL HYGI

ENE 3	7	REG. NO.	5	5)	3	
		REG. NO.				

	1.	FOR STATE	DEF		EALTH AND MENTAL HYG	IENE - TO CO	2 3 0
-	0.0	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.	E
7	1 BR	CEASED NAME FIRST	WIDDLE		AST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
1	Tirre	Ely	als	50	nith Sr	12/28/8	7 8=3,
	3 SEX		RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
я		MAla	BLACK	MONTH	7-27-28	1-9	MONTHS DAYS HOURS MIN.
			b. CITIZEN OF WHAT COUR	NTRY? 8.		9. BALTIMORE CITY OR COU	
1	C	OUNTRY]	11 (14		D NEVER MARRIED	BOITO	P. 711
	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	WIDOWE		12g. USUAL OCCUPATION	126 KUND OF BUSINESS OR
	I.	39270.	(JENOT IN SUCH FACILITY-GIVE	STREET ADDRESS)	5 HOSP	(TYPE OF WORK FOR MOST OF WORKIN	
汇	USUA 13a. S	AL RESIDENCE (IF NURSING HOME OR COTATE 136 COUNTY	OTHER INSTITUTION GIVE RESIDENCE	E BEFORE ADMISSION)	13d INSIDE CITY LIMITS?	13 STREET ADDRESS / ZIP CO	ODE 2/2/7
and the		Ma -		more	YES NO	2022 W	tanvale St
	14. FA	THER'S NAME			15. MOTHER'S MAIDEN NA		
	A	thu "	Sm	ith	Sarah	MIDDLE	£AST
-		VAS DECEASED EVER IN U.S. ARA		L SECURITY NO.	17 INFORMANT	ADDRESS	
1	(7	ES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR OATES) 250-	36-4563	Linda Smith	n 1911/24	of the Ane
		18 CAUSE OF DEATH (Enter only	u ana caura ant lina far (a)	(h) and is:	· Wow Online	- Cito Raw	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED	BY	a ha	Tailine	alcolore	BETWEEN ONSET AND DEATH
		IMMEDIATE		ance	racius,	MAMME	
			DUE TO, OR AS A CON	SEQUENCE OF	11011		
		Conditions, if any, which gave rise to immediate	(b)	ru u	and		
		couse (a), stating the underlying couse last.	DUE TO, OR AS A CON	SEQUENCE OF	10.10.0-		
			((c)	rype	vewsur	`	
	z	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTIN	G TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION	GIVEN IN PART IIa
	5		Bee	dy 9	Torr luc	GITTAU	
	ICA	190 DATE OF OPERATION	19b. CONDITION FOR V	VHIC OPERA US	N WAS PERFORMED	200 AUTOPSY? 20b. IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?
1	CERTIFICATION					YES NO	YES NO
1		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	21b. TIME OF INJURY HOUR A.M. MONT	H DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2)
1	CAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19			
	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, O	OFFICE FARM STC	211 LOCATION	CITY OR TOWN	COUNTY STATE
	>	AT WORK AT WORK	The former street, the former	1 -	100	100 %	
		22a I certify that (I) (this haspite	all attended the deceased	from	, 19	_, to 14418	
		saw the deceased alive on abave, (I) (we) (did), did not	12/2//	_19, ar	nd that in (my) (aur) apinian	death occurred an the date and	hour and fram the causes stated
		22b. SIGNATURE	To a		DEGREE		221. DATE SIGNED
		hus	Mille	_	ATTENDING	MEDICAL STAFF	12/28/80
		226 PHYSICIAN'S NAME (THE DE	mod.		27e ADDRESS	- THE COME THIS IS NOT THE	110/00/11
		Moges 6	ebrewava				
	23a. B	SURIAL, CREMATION, REMOVAL	23b DATE	23(, NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	
H		Burial	1/2/88		emorial Park	Randallstown	COUNTY STATE Md
	24 FL	JNERAL DIRECTOR	1 = 1 = 1 00	I KING M		E REC'D. BY REGISTRAR 256 REC	
1		m. °℃. March F/H	West 4300 Wa	Bash Ave		AN 4 1988	was forestorn findress

DHMH - 16 60M 7/8 (VRA 15, 4)





ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

ottending physician.

TO HOSPITAL OR ATTENDIN

BP.

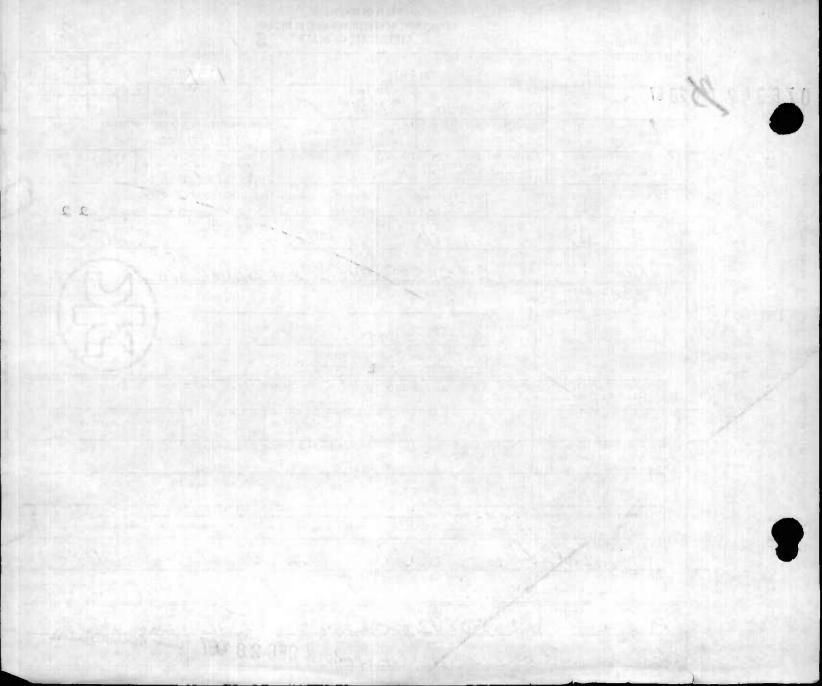
STATE OF MARYLAND FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

***	ports	12	7	557
5	2	50	3	the
REG. NO.				

		1.	STATE REGISTRAR	DET ARTH		ICATE OF DEATH	8 7 REG. NO	3 5	2 5	Con
			CEASED NAME FIRST	MIDDLE	L	AST	20. DATE OF DEATH	MONTH DA	Y YEAR	2b. HOUR
ge 3 eoth	hi		Ernest	Sm	ith	+ + + 1	12/25/	87		11:45a.m
作到	DEO	28	87 _{M-1}	4. RACE	5. DATE C		6 AGE (IN YEARS LAST BIR		UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN,
ecto irs of	13		Male	Black Negro	2/	14/05	82	YRS.		MIN,
al dir	30		RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8 MARRIE	NEVER MARRIED	9 BALTIMORE CITY O		FDEATH	
in 72	6		USA	USA	WIDOWE		Baltim	ore		MD.
by the fu	30	В	altimore	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET A Franklin Cou	rt N	ROTHER INSTITUTION	120 USUAL OCCUPATION OF O	ON F YORKING LIFE)	176 KIND OF	F BUSINESS OR
d in	o pe	USU 13a	AL RESIDENCE (IF NURSING HOME OF STATE 136. COU	R OTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 130 CITY OR TOW		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE	J 1 1 3	
filled			MD.	Balto.,		YES NO	1100 Pen		ve_ #:	21201_
etely 2 sh	- wine	14. F/	ATHER'S NAME	MIDDLE LAST (A)	25.13	15 MOTHER'S MAIDEN NAM	AE MIDDLE		- 1144	1
and	e xo		Glorge	Smith		Eliza	7	.5	mill	9
d de	dical		VAS DECEASED EVER IN U.S. AL	RMED FORCES? 166 SOCIAL SECU	RITY NO.	7 INFORMANT	ADDR	191511	02	1201
Pag-	medi	,	YES NO OR HIKNOWNIN (IF YES, GI	218-22-	2326	mrs. Geneur	Smith	11000	tenni	PARE
Sicio	the of		18 CAUSE OF DEATH (Enter o	nly one cause per line for 101, (b), and	fici.)				APPROXIA SETWEEN O	NATE INTERVAL
phy	veni veni		PART I. DEATH WAS CAUSI	TE CAUSE (o) Seps	is				Day	S
ding	a pic			DUE TO, OR AS A CONSEQUE	NCEOF		The second		4	
atter ove	o cm		Conditions, if any, which	(Gangren	e To	es		in a	Week	S
the	er tr		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUE	NCEOF					
d by	r of		underlying couse lost	Intracr	ania	Hemorrhag	е			
gne en pl	, y,	7		CONDITIONS CONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE OR CON	DITION GIVEN	N PART 110	
The The	y inju	CERTIFICATION	GT Feeding							
ermi	s an	IGA A	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDIN	
sit p	the series	Ė			1200		YES NO	YES		NO 🗌
ficot	18 sho		710. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE	LIGHT LA LIGHTIN D.	Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM 18 PAR	I I OR PART 2)	
riol	tem tem	IGA	(IF EITHER NOTIFY MEDICAL EXAMINE	P.M.	19					
this be	d a d	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FA	ARM ETC)	21f. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
os the	arke		AT WORK AT WORK							
DR. Use	is a		220.1 certify that (I) (this hosp	ital) attended the deceased from 0				. 17		hat (I) (we) lost
ecre d fo	m 2]		bave, (I) (we) (did) (did no	1 12-21- of view the body ofter death.	, or	d that in (my) (our) opinion d	leoth occurred on the do	ate and hour o	nd from the c	ouses stoted
Should be detoched	VI. If Hem		Lihard	Sypon 6	1)		MEDICAL STAF	F IAN 🗌	UP	8/87
D P P	R A		224 PHYSICIAN'S NAME (TYPE	OR PRINT)		77e ADDRESS		11/200		01015
P O F	MPORTANT		Richard Ty	son, M.D.		936 W. Nort	h Ave. Ba	ilto.,	Md.	21217
- vi	> 5	23a. E	BURIAL, CREMATION, REMOVAL	~ /	AME OF C	EMETERY OR CREMATORY	23d. LOCATION		COUNTY	STATE
			BURIAL	12-28-87 15	9LTC	(Com	DALTI	MORK	- M	2
- 16 60	M 7/84	24 FI	INERAL DIRECTOR	7 ADDRESS	,	25a. DATE	2 8 987 AR	2/ JEGISTA	Heddernak	Mediatria
/RA 15,	4)	1	035 PH L. K	459 222241	Vine	THUM DEC	1 40 1001	0		

DHMH - 16 60M 7/84 (VRA 15, 4)

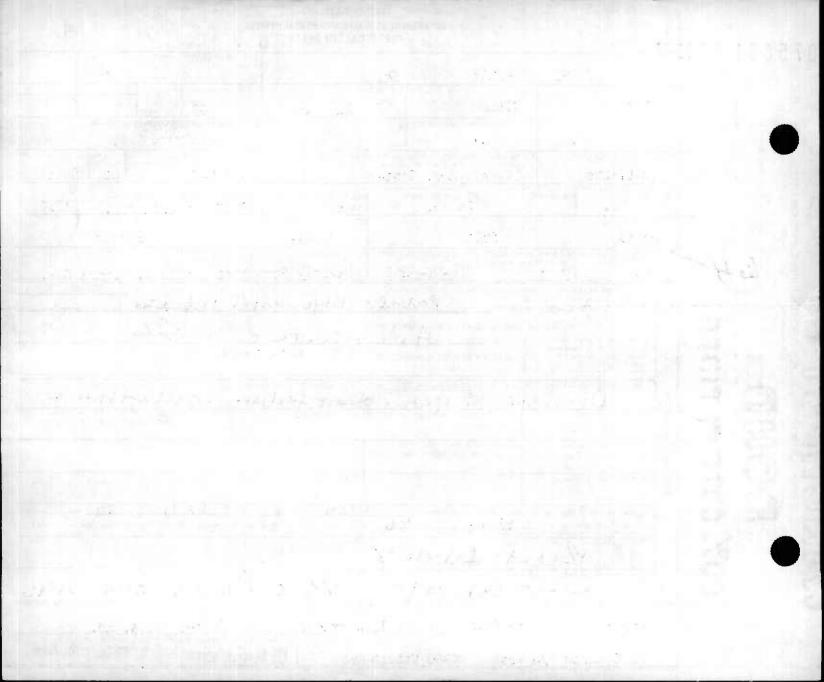


STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 2a. DATE KNOWN 76 HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED 19 19 37 Frank Smith, Jr. 1. RACE 6. AGE (IN YEARS | IF UNDER 1 YR. I IF UNDER 24 HRS. DATE OF BIRTH 2d HOUR DATE MONTH DAY YEAR LAST BIRTHDAY) PRONOUNCED 3:20P DEAD 24 1987 YRS TO BIRTHPLACE ISTATE OR b. CITIZEN OF WHAT *BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY DIVORCED Baltimore City 126. KIND OF BUSINESS 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK GAMOST OF WORKING LIFE OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADD ILED Baltimore 2000 O'Dell UNDADERS SUAL RESIDENCE LIE IN NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSIONI 3a. STATE 136 COUNTY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS 0 A FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLI 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMAN OR UNKNOWN! 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Arteriosclerotic cardiovascular disease A BURIAL TRANSIT PER HAND MENTAL HYSIEN MATIGN, OF REMOVAL IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHEB SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) DACLO IN THE CHIEF MEDIC TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AATTMODE, MARVIAND, 21201 PRESK TO BURIAL, CREM 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? PARTIAL YES LX NO 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 19 21d. INJURY OCCURRED 21e PLACE OF INJURY I AT HOME 21f LOCATION STREET, FACTORY, FARM, ETC. 1 STREET CITY OR TOWN WHILE NOT WHILE COUNTY STATE 27a I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted from Natural causes Accident Suicide Hamicide _ Undetermined monner TITLE (SPECIFY) ACTUAL 12/25/87 Assistant SIGNATURE EXAMINER'S NAME Mario F. Golle, JR., M.D. ADDRESS Balto.MD. Penn St. TYPE OR PRINT 23a BURIAL, CREMATION, REMOVAL 23b. DATE CREMATORY 23d LOCATION 07/84 25M 24 FUNERAL DIRECTOR 256 REGATTI S SIGN DHMH - 17 (VR A15 ME (5))



4	0	0	0			_
		9	2	3	ţ	
		2	_	96	dec	
		9	2	ď	16	
		-	3	ō	oft	
		0	D)	ect	11.5	
	-	0	L	ō	000	
4		4	i i	0	2	
1			0	ner	6	
•	_		3	2	÷	
		4	Ė	he	3	4
0			0	à	-le	E.
12			200	c	0	
0 2		4		70	P	
Z		c	4	=	20	
Ž		1		>	sh	d
2			3	ete	2	ø
×		13	Darwen.	-4	8	Š
wi		1		-3	а	Ŀ
8		- 63	10	82	¥	3
ž			16	يو	ø	4
E		3	5	Ö	ij	F
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201				ωĘ	'n,	3
		1		4	4	1
S		- 19		9	9	3
O		- 12		9	ò	3
S		13	2	2	*	1
R			0	- 11	2	3
۵.		4	=	£	9	900
3		1	ō	À	Se	-
0		-	-	0	lec	Ci
2			Ü	906	0	Pic
S			5	25	he	5
Ö			D	9	=	ò
S			3	9	E	0
00			0 0	P O	pe	40
Z		Ē	- 0	9	15it	200
5		- 2	Z Z	0	0	Í
Ö		1	0	4	10	40
z		-	200	90	- F	A con
0		-	D D	his	0	A
/IS			10	- L	ţ	0
ā			ž C	Africa Africa	0	40
		6	0 0	~	JSe	00
			D	Ö	õ	3
_	-	. !	Sp A	Ü	P	
1		9	× f	RE	he	-
1)	The T	0	toc	0
•			Y >	8A	de	-
		0	20	Z	Pe	4
		(9 0	5	0	4
		and work to the state of the st	ctoined by the hospital or ottending physician.	O FUNERAL DIRECTOR: After this certificore has been signed by the attention private and annualisely filled in by the funeral director, page 3	should be detoched for use as the burial-transit permit. Then please remove comban permit of the detoched for use as the burial-transit permit. Then please remove comban permit of the detoched for use as the burial-transit permit.	At the Court of Maniet and Adapted House price to burn of presentation and an annual

DEC 1 OF STATES PROPERTY 1					STAT	E OF MARYLAND			
DEC STATE OF THE S		1-		DEPA			GIENE	5 2 3	4
JAMES HENRY SMITH 12 9 87	O I DEC 15	87						1.5	
Male Black 7 12 20 To BRITINGAC ISJUSTICATION OF MAINT COUNTRY MARRIED MARRIED MOONED DIVIDED D	, m f		OR PRINTS						Zb HOUR
Male Black 7 12 20 To BRITINGAC ISJUSTICATION OF MAINT COUNTRY MARRIED MARRIED MOONED DIVIDED D	y be		JAMES						M
The BRITHEARCE (SURFICIONES) IN CHIEFEN OF WHAT COUNTRY MAD. WINDOWSED DIVIDION D	frer pe	3 SEX					6 AGE IN YEARS LAST BIRTHDA		
MAL USA MARRED DI NEVER MARRED DI DOUGRED DI STATE DE LA COLUMNIA DE LA COLUMNIA DI LA COLUMNIA DE LA COLU	ge 4	-	Male		/	12 20		YRS	
B CITY OR TOWN OF DEATH IF NAME OF HOSPITAL NUMBER HOW OR OTHER INSTITUTION IF DOOR PROFESSIONATION IF PROFITE HOSPITAL NUMBER HOW OR OTHER INSTITUTION IF PROFITE HOSPITAL NUMBER HOW OR O	Pol di		OUNTRY		TRY? 8	D X NEVER MARRIED			
Baltimore Propose Pro	deort nerr)						9	
DE LOUAR RESIDENCE I MASING COULD OF THE MORTHOUS CHIEF MOTHER STANDARY IS STREET ADDRESS / ZIP CODE 30.22 Mondawin Ave. 21216 IN A FATHER'S NAME JAMES MODE SMITH SOCIAL SECURITY NO. 15 MOTHER'S MADEN NAME FARMILE ADDRESS MODE SMITH SOCIAL SECURITY NO. 15 MOTHER'S MADEN NAME FARMILE ADDRESS MODE SMITH SOCIAL SECURITY NO. 17 MOTHER'S MADEN NAME FARMILE ADDRESS MODE SMITH SOCIAL SECURITY NO. 18 MOTHER'S MADEN NAME FARMILE ADDRESS MODE SMITH SOCIAL SECURITY NO. 19 MOTHER'S MADEN NAME FARMILE ADDRESS MODE SMITH SOCIAL SECURITY NO. 19 MOTHER'S MADEN NAME FARMILE ADDRESS MODE SMITH SOCIAL SECURITY NO. 19 MOTHER'S MADEN NAME FARMILE ADDRESS MODE SMITH SOCIAL SECURITY NO. 19 MOTHER'S MADEN NAME FARMILE ADDRESS MODE SMITH SOCIAL SECURITY NO. 19 MOTHER'S MADEN NAME FARMILE ADDRESS MODE SMITH SOCIAL SECURITY NO. 19 MOTHER'S MADEN NAME FARMILE ADDRESS MODE SMITH SOCIAL SECURITY NO. 19 MOTHER'S MADEN NAME FARMILE ADDRESS MODE SMITH SOCIAL SECURITY NO. 19 MOTHER'S MADEN NAME FARMILE ADDRESS MODE SMITH SOCIAL SECURITY NO. 19 MOTHER'S MADEN NAME FARMILE ADDRESS MODE SMITH SOCIAL SECURITY NO. 19 MOTHER'S MADEN NAME FARMILE ADDRESS MODE SMITH SOCIAL SECURITY NO. 19 MOTHER'S MADEN NAME FARMILE ADDRESS MODE SMITH SOCIAL SECURITY NO. 19 MOTHER'S MADEN NAME FARMILE ADDRESS MODE SMITH SOCIAL SECURITY NO. 19 MOTHER'S MADEN NAME FARMILE ADDRESS MODE SMITH SOCIAL SECURITY NO. 19 MOTHER'S MADEN NAME FARMILE ADDRESS MODE SMITH SOCIAL SECURITY NAME FARMILE ADDRE	by the fulled with		2-1+imau-	(IF NOT IN SUCH FACILITY, GIVE S	TREET ADDRESS)		TYPE OF WORK FOR MOST OF WO	ORKING LIFE) INDUSTR	RY
REAL PROPERTY AND DETECTION Balto. YES NO 3 3022 Mondawin Ave. 21216	be be	USUA	L RESIDENCE (IF NURSING HOME O	OTHER INSTITUTION GIVE RESIDENCE	BEFORE ADMISSION	ALIM INISIDE CITY HANTS2	1124 STREET ADDRESS / 71	P CODE	
James S Modre Smith Last Francise Gordon The WAS DECEASED EVER IN U.S. ARMED FORCES? The SOCIAL SECURITY NO. 12 INFORMANT ADDRESS The WAS DECEASED EVER IN U.S. ARMED FORCES? The SOCIAL SECURITY NO. 12 INFORMANT ADDRESS WINT ADDRESS Beverly Scroggins 4110 N. Rogers Ave Will Information for 10 I	24 fille ould mus	gell .	Md.	Balto.	10414				21216
James Smith Fannie Gordon The Was deceased ever in u.s. armed forces? The social security no. 17. Informant Address Beverly Scroggins 4110 N. Rogers Ave Reverly Scroggins 4110 N. Rogers Ave Reverly Scroggins 4110 N. Rogers Ave Reverly Scroggins 4110 N. Rogers Reverly Scro	tely 2sh			MADDIE LASS			AME		1457
YES WITH TO PERSON WITH THE PROPERTY OF THE PROPERTY OF THE PART TO PERSON WITH THE PART TO PERSON WIT		1	James	Smith			WIDDLE	Gordon	1431
THE CAUSE OF DEATH LETTER ONly one couse per line for ion, this, and iching the part of th	1 100				SECURITY NO.	17 INFORMANT	ADDRESS	634	
B CAUSE OF DEATH Enter only one couse per line for 10. 1b. and 1c.	1034	(1		220-09	9-6883	Beverly Scr	oggins 4110	N. Roger	S AVE
PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse iol, stoling the underlying couse lost. (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to OR AS A CONSEQUENCE OF DUE TO, OR AS				nly one couse per line for 101, (b	o, and (c)		_	APPR BETWE	OXMATE INTERVAL
DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to OWN 15 page 10 pag	fice phy movement,		PART I DEATH WAS CAUSI	ED BY		e Myocano	In Inface	bren	
DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONDITION GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONDITION GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONDITION GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONDITION GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONDITION GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONDITION GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONDITION GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONDITION GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONDITION GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONDITION GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONDITION GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONDITION GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONDITION GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONDITION GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONDITION GIVEN	8 2010		IMMEDIA		FOURNICE OF				
DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONDITION GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONDITION GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONDITION GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONDITION GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONDITION GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONDITION GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONDITION GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONDITION GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONDITION GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONDITION GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONDITION GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONDITION GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONDITION GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONDITION GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONDITION GIVEN	the office of th		Conditions if any which	DUE TO, OR AS A CONS	ALL LA	Dec OLLSter	carderso.	nln	
Underlying couse last. (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE LATE OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE LATE OF THE TERMINAL DISEASE OR CONTRIBUTION TO THE LATE OF THE TERMINAL DISEASE OR CONTRIBUTION TO THE LATE OF THE TERMINAL DISEASE OR CONTRIBUTION TO THE LATE OF THE TERMINAL DISEASE OR CONTRIBUTION TO THE LATE OF THE TERMINAL DISEASE OR CONTRIBUTION TO THE LATE OF THE TERMINAL DISEASE OR CONTRIBUTION TO THE LATE OF THE TERMINAL DISEASE OR CONTRIBUTION TO THE LATE OF THE TERMINAL DISEASE OR CONTRIBUTION TO THE LATE OF THE TERMINAL DISEASE OR CONTRIBUTION TO	a a de		gave rise to immediate	10)		Dis	Corl		
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1:0 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1:0 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1:0 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1:0 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1:0 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1:0 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1:0 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1:0 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1:0 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1:0 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1:0 PART 2 OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1:0 PART 2 OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1:0 PART 2 OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1:0 PART 2 OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1:0 PART 2 OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1:0 PART 2 OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1:0	by the			DUE 10, OR AS A CONS	EQUENCEOF				
Defection of the date and hour and its side of the date and hour and its s	plea price in a second		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITI	ON GIVEN IN PART	1:0
OR CONTRIBUTING CAUSE OF DEATH OF AM. MONTH DAY YEAR P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY 19 21l LOCATION 19 21l LOCATION	Then to b	NO	Dich	the Compa	e horse	Heart fall	me, and	mother	un
OR CONTRIBUTING CAUSE OF DEATH OF AM. MONTH DAY YEAR P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY 19 21l LOCATION 19 21l LOCATION	w re nit.	ATE	190 DATE OF OPERATION	196 CONDITION FOR WI	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? 20		
OR CONTRIBUTING CAUSE OF DEATH OF AM. MONTH DAY YEAR P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY 19 21l LOCATION 19 21l LOCATION	hos per	IIFIC							
OR CONTRIBUTING CAUSE OF DEATH CHETTHER NOTIFY MEDICAL EXAMINER P.M. 19	Sicre Sonsit Aygue	CER	210. ACCIDENT WAS UNDERLYING			21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	ITEM TO PART I OR PART	7)
276. Tertify that (I) (this haspital) attended the deceosed from 19 % ond that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death. 276. DEGREE 276. DEGREE 276. DEGREE 276. DATE SIGNED 2776. D	CIAN physical physica	AL		AIR -	=				
276. Tertify that (I) (this haspital) attended the deceosed from 19 % ond that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death. 276. DEGREE 276. DEGREE 276. DEGREE 276. DATE SIGNED 2776. D	ding ding ding mis ce Meri Mer	DIC		21e PLACE OF INJURY			CITY OR TOWN	COUNTY	STATE
220.1 certify that (I) (this haspital) attended the deceosed from	G Present	×	WHILE NOT WHILE	(AT HOME STREET, FACTORY OF	FFICE, FARM, ETC.)	ZIMEEL	CITTORIO		37476
Saw the decessed alive on obove, (i) (we) (did) (did not view the body after death. 19	DIN OF SE OST			oital) attended the deceased fr	om	0124 198	10 17 1	19 87	, that (I) (we) last
DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR	TEN TOR Of He		saw the deceased alive or	12 1		nd that in (my) (our) opinion	death occurred on the date	and hour and from t	he causes stated
BP	REC REC PPT. CPT. CPT. CPT. CPT. CPT. CPT. CPT	-11		at view the body after death.		DEGREE		22c DA	TE SIGNED
PHYSICIAN'S NAME (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 230. DATE BP	0 g 0 0 ±		YLU	hat Do	X VWS	ATTENDING PHYSICIAN	MEDICAL STAFF		
BP	PITA by by Stole Stol		224 PHYSICIAN'S NAME (TYPE	OR PRINTS		22e ADDRESS		^	
BP	FUN VId b		RIFO	Wood A to	1	2300	Gallisa	" Brit	21716
BPBurial 12/14/87 Garrison Forest Vet Owings Mills, Md. 24 FUNERAL DIRECTOR ADDRESS ADDRESS ADDRESS CUITY OR TOWN OWINGS MILLS, Md. 256. DATE REC'D. BY REGISTRAR'S SIGNATURE ADDRESS	Of Short	73n 6	\\		-				
24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 ADDRESS 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE ADDRESS	DD.	230 (SPECIFY) Rupial				CITY OR TOWN	ille Md	STATE
DHMH - 16 60M 7/84 NAME ADDRESS	7 1 1 1 1			112/14/8/	uuii 13			REGISTRAR'S SIGN	
	DHMH - 16 60M 7/84 (VRA 15, 4)		NAME	H West 4300	Wahash	Ave DE	C 1 4 1007 6	ulia Secider	n. Rendalle

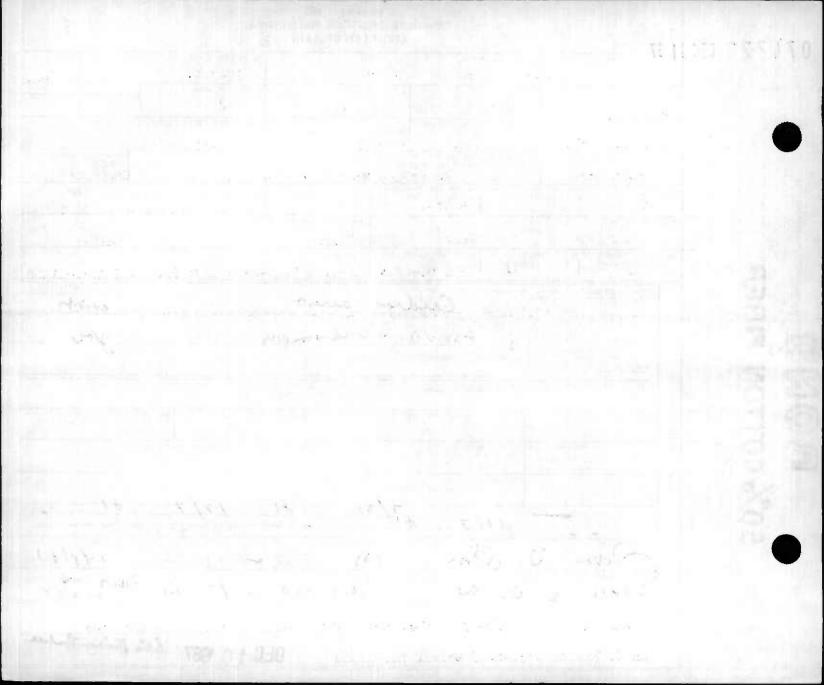


STATE OF MARYLAND

E	- 2	1-	3
1	REG. NO.)	45

1	FOR STATE FEGISTRAR		DEPARTM		EALTH AND MENTAL HYGICATE OF DEATH	B 7 REG. NO	5 2	2 3	5
I D	CEASED NAME FIRS	1	MIDDLE	L	ĀST		MONTH DAY	YEAR	26 HOUR
JIYE	E OR PRINT)	illian	A.	Smit		12-7-87			11:00A.M
3 SE	X	4 RACE		5. DATE C		& AGE (IN YEARS LAST BIR			IF UNDER 24 HRS
	FEmale	White			3-1900	87	YRS		M.H.
-	IRTHPLACE (STATE OR FOREIG	N 76. CITIZEN OF	WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF	FDEATH	
	Baltimore,MD.		S.A.	WIDOWE		Baltimo	re City	7	MD.
10 0	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	17a USUAL OCCUPATION OF THE OF WORK FOR MOST O	ON	176 KIND OF INDUSTRY	BUSINESS OR
	Baltimore	Fran	ncis Scott	Key	Medical Cente	r Retired		CRown C	Cork &
13a.	STATE 136	OME OR OTHER INSTITUTION	Balto.		134 INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS / 3807 Pine			Ea1 206
14 F	ATHER'S NAME Karl	WIDDLE	Koch		15 MOTHER'S MAIDEN NAM	WIDDLE		LAST	
160	WAS DECEASED EVER IN U.	S ARMED FORCES?		PITY NO	Clara	ADDRE	SS	Walker	
		ES, GIVE WAR OR DATES)	213-01-		Harriet F. D			d Ave.	-21206
	18 CAUSE OF DEATH (En	ter anly ane cause pe	er line for (a), (b), and	d (c).3				APPROXIM BETWEEN OF	NATE INTERVAL
	PART I. DEATH WAS C	AUSEĎ BY EDIATE CAUSE (a)	Card	انها	arrest			min	12
	Canditions, if any, white gave rise to immedia cause (a), stating the underlying cause la PART 2 OTHER SIGNIFIC.	te he DUE TO, (c)	DR AS A CONSEQUE		NOT RELATED TO THE TERM	INAL DISEASE OR CONI	DITION GIVEN	IN PART 110	2
CERTIFICATION	190 DATE OF OPERATION	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO		WERE FINDING NG CAUSES C		
	710. ACCIDENT WAS UNDERLYN OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EX	OF DEATH HOUR	OF INJURY A.M. MONTH DA P.M.	Y YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJUI	EY IN ITEM 18 PART	1 OR PART 2}	
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	(AT HOME S	OF INJURY TREET FACTORY OFFICE, F.	ARM ETC }	211 LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
	220.1 certify that (1) (this saw the deceased of above, (1) (me) (duch (c) 22b. SIGNOTURE	ve an / 2	17 190		nd that in (my) (amy) apinion of DEGREE ATTENDING PHYSICIAN	to, to	FF		
	PON / L	O. OL	5W		77e ADDRESS 16/2 000	N. 17.	2 31	ישות	227
73a	BURIAL, CREMATION, REMO (SPECIFY) Burial	236 DATE 12-10			emetery or crematory of Faith Cem.	23d LOCATION CITY OF TOWN Baltimo	ore,Mar	vland	STATE
	UNERAL DIRECTOR				25a DATI	E REC'D. BY REGISTRAR	256 SEGISTRA	M SIGNATO	Produce
	John C. Mille	r Inc64	15 Belair	Rd	21206 DE	C 1 0 1987	Julia e	Dearon 1	.4

DHMH - 16 60M 7/84 (VRA 15, 4)



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 PURVI D. LXON N MED NON PHYSICIAN:

EASED

, poge 3

off

medical

the

0 ä to bur

-S

00

or frem

morked

If Hem Dept.

MPORTANT:

Heolth

should be deta FUNERAL HOSPITAL

0

the buriot-transit per and Mental Hygiene

CERTIFICATION

MEDICAL

190

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO LAST 2a. DATE OF DEATH MONTH YEAR 26 HOUR EARL SMITH DECEMBER 2, 1987 12;40PM 5 DATE OF BIRTH & AGE IIN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTH DAY 1919 YRS 7h CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED BALTIMORE CITY DIVORCED WIDOWED

12ª USUAL OCCUPATION

612

COUNTRY CITY OR TOWN OF DEATH

FIRST

LOUIS

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION THE JOHNS HOPKINS

(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY General Meters Car 13. STREET ADDRESS

TSUAL RESIDENCE IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a STATE 13b. COUNTY CITY OR TOWN Balto

MIDDLE

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

4 RACE

17 INFORMANT

NO 15. MOTHER'S MAIDEN NAME

134 INSIDE CITY LIMITS?

Smith ADDRESS

MAS DECEASED EVER ARMED FORCES IYES, NO OR UNKNOWN) (F YES, GIVE WAR OR DATES)

09

16 12 IEW

126 KIND OF BUSINESS OR

21213

NO [

STATE

Ten Hours

Conditions, if any, which gave rise to immediate cause (a), stating the

underlying cause

anas

FOR

- STATE

3. SEX

REGISTRAR

ECEASED NAME

TOUBIRTHPLACE ISTATE OR FOREIGN

BALTIMORE

4. FATHER'S NAME FIRST

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

	DATE	OF	OPE	RATIO	N	
					_	
3	ACCIE	DENT	WAS	UNDERL	YING	

Hypertension

216 TIME OF INJURY

196. CONDITION FOR WHICH OPERATION WAS PERFORMED

STREET

20a AUTOPSY? 20h IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOX YES T

CITY OF TOWN

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED

HOUR A.M. MONTH DAY P.M 21e PLACE OF INJURY

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

YEAR 21f. LOCATION

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

COUNTY

NOT WHILE 22a.1 certify that (1)/(this haspital) ottended the deceased fram. saw the deceased alive on 12/2 above (N(we) (did) (did not) view the bady after death.

22h SIGNATURE

19 87 . and that in (my) (aur) apinian death occurred on the date and haur and from the causes stoted DEGREE

ATTENDING MEDICAL STAFF

97

PHYSICIAN [

22c. DATE SIGNED

22e ADDRESS

23a BURIAL CREMATION REMOVAL 23h. DATE

23c NAME OF CEMETERY OR CREMATORY

23d LOCATION CITY OF TOWN aure

DIRECTOR PHYSICIAN DE

COUNTY

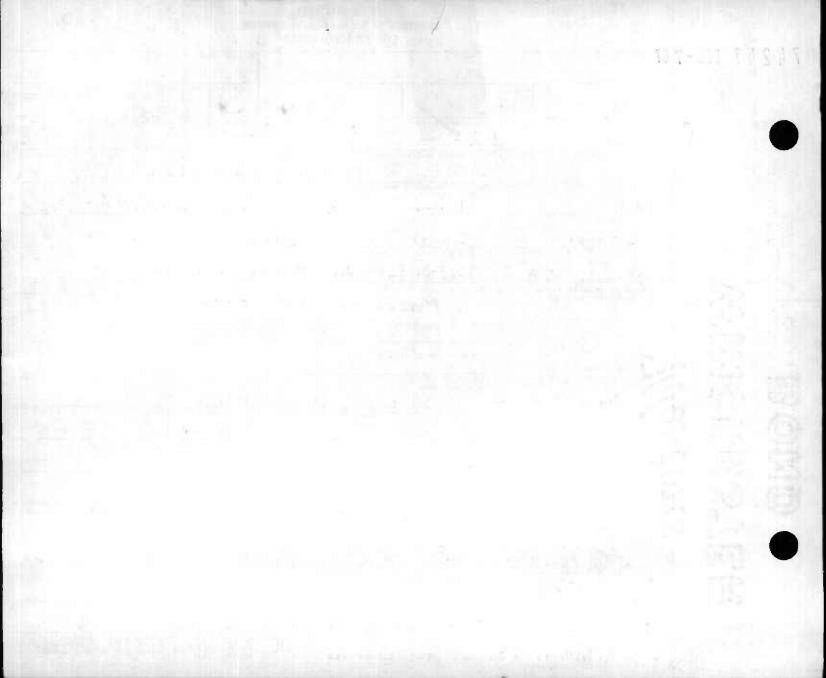
DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

DIRECTOR.

24 FUNERAL DIRECTOR Morton + Sons

1701 aurens PATE REC'D. BY REGISTRAR 254 REGISTRAR'S SIGNATURE



176	443	REGISTRAR	CERTIFI	CATE OF DEATH	REG. NO.	and are
3	eoth eoth	1. DECEASED NAME LOWSE	- A SA	11/1+	te. Drite G. Dermi.	2- 18-87 4A
% 4 mo	ector, po	3. SEX	D/- / MONTH	FBIRTH V 15 1911	6. AGE (IN YEARS LAST BIRTH	DAY) IF UNDER 1 YEAR IF UNDER 2 MONTHS DAYS HOURS YRS.
eoth. Po	in 72 hou	70. BIRTHPLACE (STATE OR FOREIGN 76. CITTZ	ZEN OF WHAT COUNTRY? 8. MARRIED WIDOWEL	NEVER MARRIED D	9. BALTIMORE CITY OR CITY	COUNTY OF DEATH
10.	by the fu	UP III	ME OF HOSPITAL, NURSING HOME OF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) SON SECOUP HOS		128 USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF Y	WORKING LIFE) INDUSTRY
AND 212	filled in gold be	USUAL RESIDENCE (IF NURSING HOME OR OTHER IN:		134. INSIDE CITY LIMITS? YES NO	134 STREET ADDRESS	Ntolog \$ DIC
MARYL ed within	mpletely old 2 sh exomine	14 FATHER'S NAME FIRST OSSIE MIDDLE		15. MOTHER'S MAIDEN NAM	1110015	LYON
IMORE, N	Poges 1	16G WAS DECEASED EVER IN U.S. ARMED FO (YES, NO OR UNKNOWN) IF YES, GIVE WAR OR	DATES)	MAY Noble	ADDRES	7 Bentalou S
. PRESTON ST., BALT	the ottending physicio remove corbon popers: emotion, or removol. er troumotic event, the	18 CAUSE OF DEATH (Enter only one of PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUS DU Conditions, if ony, which gove rise to immediate couse (a), stating the	ouse per line for (o), (b), and (c).)	Arrest e Heart	Flainr	APPROXIMATE INTERVENCE ONSET AND D
DS, 201 W	signed by hen please to burial, cr ijury, or oth	PART 2. OTHER SIGNIFICANT CONDIT.	(c)	1 /		ITION GIVEN IN PART 110
AL RECORDS	hos been r permit. T ene prior	U	CONDITION FOR WHICH OPERATION	WAS PERFORMED		20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO
OF VITA	entificate iol-tronsit antol Hygin tem 18 sh	OR CONTRIBUTING CAUSE OF DEATH HE	OUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY	IN ITEM IS PART 1 OR PART 2)
SION	this c	21d. INJURY OCCURRED 21e	PLACE OF INJURY HOME, STREET, FACTORY OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOW	M COUNTY ST

IN ITEM IS PART 1 OR PART 2) COUNTY STATE AT WORK AT WORK 22a. I certify that (I) (the hospital) attended the deceased from that (I) (we) lost sow the deceased glive on Dec obove, (I) (we) (did not) view the body after death. and that in (my) (par) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED 226 SIGNATURE DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN ATTENDING 224 PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 23r. NAME OF CEMETERY OR CREMATORY 23d LOCATION 230 BURIAL, CREMATION, REMOVAL Balto BUTIA COUNTY MSTATE 2-23-87 EASTVIEW BY REGISTRAPISS REGISTRAPIS SIG 24 FUNERAL DIRECTOR Brown 1226 W. NOTH AVE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE ...

126. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

IF UNDER 24 HRS

MD.

IN CERTIFYING CAUSES OF DEATH?

DHMH - 16 50M 1/B1 (VRA 15, 4)

0

BP.

TO HOSPITAL OR ATTENDING etoined by the hospitol or of FUNERAL DIRECTOR: After should be detached for use as with the State Dept. of Health of IAPORTANT: If Item 21 is mark

. 230 EE.

pleo ö

0

the buriol-tronsit permit.

physicio

shov

m 18

20 orked

MPORTANT: If Hem ovid be detached the State Dept

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO TA DATE OF DEATH THE HOUR MCRUTH. Margaret Smith 87 & AGE (INTERPLANT LAST BREINDAY) DATE OF BRITH 7b. CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH DIVORCED 176 KIND OF BUSINESS Erea TY LIMITS NOF 15. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U. ARMED FORCES 17 INFORMANT HE YES, GIVE WAR OR DATEST APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one couse per line for foll, ib, and ic. Cardio-xxxxxxxrespiratory PART I. DEATH WAS CAUSED BY arrest with brain death IMMEDIATE CAUSE (a) or as a construence of Sudden respiratory distress DUE TO, OR AS A CONSEQUENCE OF

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART To Diabetes Mellalen, Pickewian Syndrome with Tracheostomy, Man Obscenity, Hypertension Tracheostomy, Manked

THE DATE OF CIERATION	THE CONDITION OF WHICH OF EXAME	NA WASTER ORMED	100 71011		IN CERTIFYING CAUSE	
			YES [NO	YES	NO 🗌
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCU	JRRED (ENTERNA	ATURE OF INJURY	IN ITEM 18 PART 1 OR PART 2)	9
71d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE FARM, ETC.)	211 LOCATION STREET		CITY OR TOW	OUNTY COUNTY	STAT

22a.1 certify that (1) (this hospital) attended the deceased from 19. sow the deceased alive an _ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated abave, (1) (we) (did) (did not) view the body after death 776. SIGNATURE DEGREE

PHYSICIAN 774 PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS

Mesbau U. DowlaMxRx , M.D.

23a BURHAL 231 NAME OF CEMETERY OR CREMATORY

NAME

ITIN COUNTY

73d LOCATION

MEDICAL

STAFF

DIRECTOR PHYSICIAN Y

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

24 FUNERAL DIRECTOR

FOR

PEGISTRAR

GECEASED NAME

14. FAMPER'S NAME

(YES, NO OR UNKNOWN)

NO

Conditions, if ony, which gave rise to immediate couse (a), stating

underlying cause

To BIRTHPRAGE THATE OF FORE ON

OF TOWN OF BEATH

1 - STATE

(TYPE OF PROVIDE

3. SEX

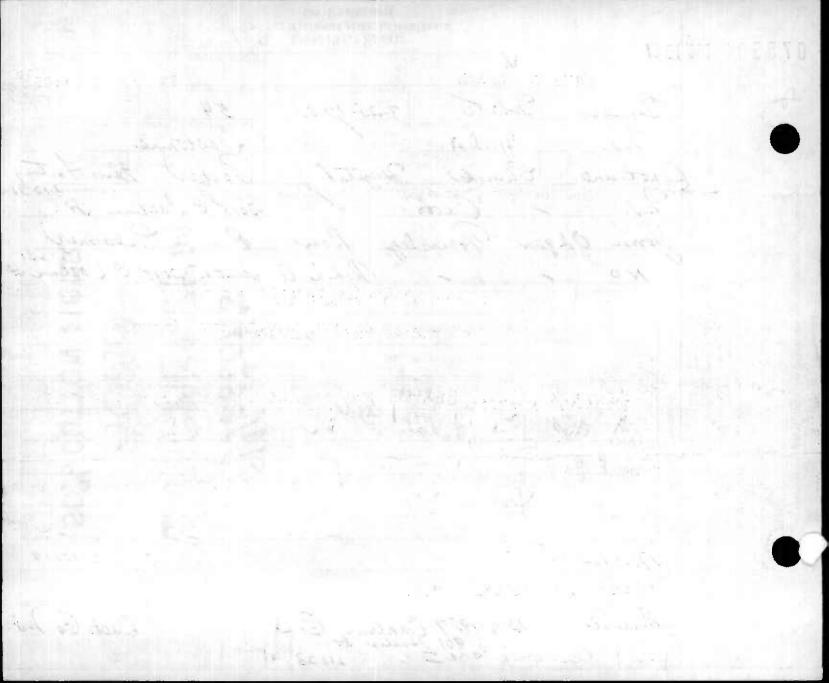
DHMH - 16 60M 7/84 (VRA 15, 4)

CERTIFICATION

MEDICAL

Course & Sone in

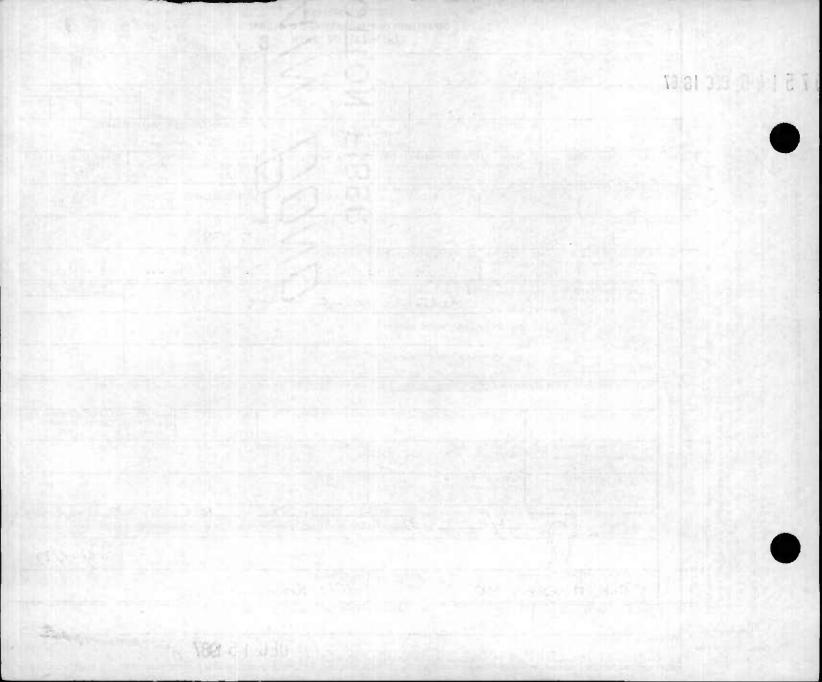
ATTENDING



	1			STATE OF MARYLAND		The second secon
	Г	FOR STATE	DEPART	MENT OF HEALTH AND MENTAL HY	GIENE	5 2 3 9
	L	REGISTRAR		CERTIFICATE OF DEATH	B / REG. NO	
	1.	DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR 26 HOUR
: 18			LVA U. SMITH		12/11/	87 _M
, 10	7	SEX	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTH	
	L	FEMALE	BLACK	6/10/1903 YEAR	8 4	MONTHS DAYS HOURS MIN.
	7	BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR	
8		BALTO., MD.	USA	WIDOWED X DIVORCED	BALTO. C	ITY
0		CITY OR TOWN OF DEATH		NG HOME OR OTHER INSTITUTION	120. USUAL OCCUPATIO	
	1	BALTO., MD.	HARFORD GA		TYPE OF WORK FOR MOST OF	WORKING LIFET INDUSTRYN/A
8) 9	Ü	SUAL RESIDENCE (IF NURSING HOME OR 30. STATE	OTHER INSTITUTIONS ONE RESIDENCE BEFOR	RE ADMISSION)	In capter apparent	710,0005
E)		MD	BALTO.	VN 134 INSIDE CITY LIMITS?	4506 FAIR	FAX RD. 21216
a de la composition della comp	14	FATHER'S NAME		15 MOTHER'S MAIDEN NA	ME	
OX		ALEXANDER ST	EVENS	FIRST JA	NIE STEVEN	S
0	16	WAS DECEASED EVER IN U.S. AR.	MED FORCES? 166 SOCIAL SEC	URITY NO. 17 INFORMANT	ADDRES	S
De E	ı	NO NO (IF YES GIV	A 212 22	0009 EVERETTE	SMITH 4506	FAIRFAX RD.
	F		nly one couse per line for (a), (b), or	ad to		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
en!	ı	PART I. DEATH WAS CAUSE	DBY: Mater	The brust Cone	ev	BETWEEN ONSET AND DEATH
9	1	IMMEDIAT	TE CAUSE (o)			
E	1	Cardinas de la tra	DUE TO, OR AS A CONSEOU	IENCE OF		
0	Н	Conditions, if any, which gove rise to immediate	(b)			
e de	L	underlying couse lost.	DUE TO, OR AS A CONSEOU	IENCE OF		
5	Г	PART 2 OTHER SIGNIFICANT O	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINIAI DISEASE OD COND	ATTION CIVEN IN BART 1
ליטור	L		CONDITIONS CONTRIBUTING TO	DEATH BOT NOT RECATED TO THE TERM	MINAL DISEASE OR COIND	THON GIVEN IN PART HE
		190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19b CONDITION FOR WHICH	OPERATION WAS PERFORMED	20e AUTOPSY?	20b. IF YES, WERE FINDINGS USED
No.					YES T NOT	IN CERTIFYING CAUSES OF DEATH? YES \(\bigcap \) NO \(\bigcap \)
S Suo		210. ACCIDENT WAS UNDERLYING		21c HOW INJURY OCCUR		
E			ain .	AY YEAR		
100		OR CONTRIBUTING CAUSE OF DEA	P.M. 21e. PLACE OF INJURY	211 LOCATION		
		WHILE NOT WHILE D	(AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) STREET	CITY OR TOW	N COUNTY STATE
0	Т		attended the deceased from	11/27 19 97	12/11	, 19_ 67 , that y (we) lost
22	Н	sow the deceased always	12/11	00		te and hour and from the causes stated
E	ı	22b, SIGNATURE	t) view the body after death.	DEGREE		224. DATE SIGNED.
= ==	1	1/4		ATTENDING	MEDICAL STAFF	12/1/20
Z	+	22d. PHYSICIAN'S NAME (TYPE O	DR PRINT!	PHYSICIAN [DIRECTOR PHYSICI	ANL
MOXIAN	Т	MUTUR M. WOR		7640 Fords	Lan 21215	
1	-	30 BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d LOCATION	
	1	(SPECKY)			CITY OR TOWN	COUNTY STATE
	2	BURTAL 4 FUNERAL DIRECTOR	1 12/17/87 NE		Y BALTO	MD.
7/84	1	LEROY O. DYET	TT 4600 LIBERT	TY HEIGHTS AV UE		The state of the s
	1	HEILOT O. DIET	T 4000 DIDDU	TT HITTOHITE WA		

LEROY O. DYETT 4600 LIBERTY HEIGHTS

DHMH - 16 60M 7/84 (VRA 15, 4)



STATE OF MARYLAND

70 TS S.C

Di die. Dalbimome Oitty Saile .

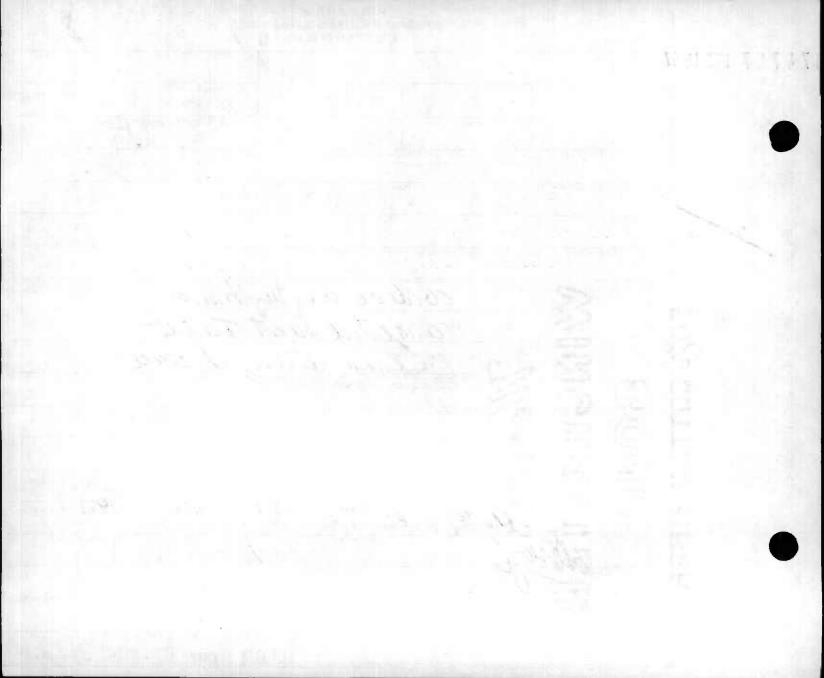
name of social fitting parts of the original

d. 10 mm 1 1/25 Minmi 11., 2/227 John Stimmers

WHI 219-10-0317 Stella A. Smith, 5725 Mart 18., Ilkridge Fd.

Eurlai 12/30/37 Penowridg .a., pen. altriuge Portug 21227 Cory L. Kandran, 5695 Pain St., Elkeldro, Mt. 1802 9 1807

STATE OF MARYLAND



76806 DEC 31

ed in by the funeral director, page 3 id be filed with 72 hours ofter death

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

5

00	71-	FOR STATE REGISTRAR		DEPARTA	CERTIF	FICATE OF DEATH	REG. NO		4	2
	(TYPE (EASED NAME FIRST . DR PRINT) SMUE	l f	Jaron	S	WLLH		NONTH DAY	FB	26 HOUR 844 M
	3. SEX	Male	4. RACE	slack	5. DATE (6. AGE (IN YEARS LAST BIRT	YRS.	UNDER I YEAR	HOURS MIN.
1	V	RTHPLACE (STATE OR FOREIGN UNTRY) IRGINIA	USA	WHAT COUNTRY?	WIDOWS		9. BALTIMORE CITY O	BOSHIC	UPE (lity MD.
1		Y OR TOWN OF DEATH LTIMORE	(IF NOT IN SUC	HOSPITAL, NURSIN HEACILITY, GIVE STREET BELLO STA	ADDRESS)	OR OTHER INSTITUTION OSPITAL	120. USUAL OCCUPATION OF THE PROPERTY OF WORK FOR MOST OF LABORER		12b. KIND O INDUSTRY	OF BUSINESS OR
2	13a S			GIVE RESIDENCE BEFORE 134 CITY OR TOW BALTIMOR	N	138, INSIDE CITY LIMITS? YES 🛣 NO 🗌	13e STREET ADDRESS	BANK		223 ED
20	14 FA	THER'S NAME FIRST OSES	WIDDLE	Smith		JANE	WIDDIE	?	LAS	\$1
		AS DECEASED EVER IN U.S. ARES, NO OR UNKNOWN) YES 194	E WAR OR DATES)	166 SOCIAL SECU 213-07-7		17. INFORMANT CELIA V. SMI	ADDRE TH 1829 W.		MORE S	STREET
		18 CAUSE OF DEATH (Enter or PART I, DEATH WAS CAUSE IMMEDIA)	nly one couse per D BY: TE CAUSE (o)	line for (a), (b), and		ST PREED				ONSET AND DEATH
		Conditions, if any, which gove rise to immediate	DUE TO, O	R AS A CONSEQUE		A ARREST			Im	mcD
		couse (a), stating the underlying couse lost	DUE TO, O	r as a conseque	NCE OF					
	NOIL	PART 2. OTHER SIGNIFICANT			7-17					77
)	CERTIFICATION	19a DATE OF OPERATION			OPERATIO	ON WAS PERFORMED	YES NO	YES [NG CAUSES	NGS USED S OF DEATH?
1		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ALIT .	FINJURY M. MONTH DA M.	AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART	1 OR PART 2)	
	MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (AT HOME, STE	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	21f. LOCATION STREET	CITY OR TOW	/N	COUNTY	STATE
		220. I certify that (I (this hasp saw the deceased alive or above, (I) (we) (did) (did no	12	-21 - 19B		nd that in (my (our) pinion o	to 12-70 death accurred on the do			
		22b. SIGNATURE	en Ce	with		NO. ATTENDING PHYSICIAN	MEDICAL STAF	IAN D	12. DATE	SIGNED - 21-87
1		224. PHYSICIAN'S NAME (TYPE O	SEVITT	m.n.		2201 ARGON	JE DRIVE	BATAM	ure:	21218
	23a B (S	URIAL, CREMATION, REMOVAL PECIFY) RTTP T A T	23b. DATE			CEMETERY OR CREMATORY JILLE VETERAN	23d. LOCATION CITY OR TOWN CROWNSVI	LLE, MÃ	ARYLAN	ID STATE

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.

TO HOSPITAL

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion should be detached for use as the burial-transit permit. Then please remove carbanpapers. Ewith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

morked or Item 18 shows ony injury, or other troumotic event, the

IMPORTANT: If Hem 21 is

24 FUNERAL DIRECTOR BROWN/THOMPSON F.H.

P.O. BOX 4433 (21223)

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR STIGN

HIS SHOULD		Assists		
			The same	
	* 100			
A KEEL BEFORE				
Office and all				
7 44				
				•
				•

requires that the death certificate be

0

6

тау ре

by the offending physician and completely filled in by the furned director page 3 one make carbon papers. Pages 1 and 2 should be filled within 22 hours after death the motion, or removal.

STATE OF MARYLAND FOR - STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH

ΙE	Ball year		P
	1		1
		REG.	N

2 4 5

· Carr			-	MIDDLE	1	AST			DAY YEAR	2b. HOUR
, qu:	TYPE OF	Sta	nley	E.	Smith	ı	12-24-87		GIVEN IN PART 110 APPROXIMATE FINDING CAUSES (18 PART 1 OF PART 2) GIVEN IN PART 110 APPROXIMATE FINDING CAUSES (18 PART 1 OF PART 2) COUNTY COUN	
3. 5	SEX		4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIRT			IF UNDER 24
	MA	Le	Whit	e	10-	B-1920	67		FUNDER 1 YEAR MONTHS DAYS S. NTY OF DEATH City 12b. KIND OF INDUSTRY A. J. Tru DDE 111 Avenue LAST Stringer 1 Ave212 APPROXUM BETWEEN OP 12b. KIND OF INDUSTRY A. J. Tru DDE 111 Avenue LAST STRINGER 1 Ave212 APPROXUM BETWEEN OP 2 AVE212 APPROXUM BETWEEN OP 1 AVE212 APPROXUM BETWEEN OP 2 AVE212 AVE212 APPROXUM BETWEEN OP 2 AVE212 AVE212 AVE212 APPROXUM BETWEEN OP 2 AVE212 AVE2	HOURS
70.	BIRT	HPLACE (STATE OR FOREIGN	76 CITIZEN OI	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY O			
1	New	York	U	.S.A.	WIDOWE		Baltim	ore C	City	
10			MENOT IN SU	HOSPITAL, NURSIF CHEACILITY, GIVE STREET Hopkins	(ADDRESS)	al	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF REtired Dri	24-87 (IN YEARS LAST BIRTHDAY) 67 WORE CITY OR COUNTY OF DE Baltimore City AL OCCUPATION WORK FOR MOST OF WORKING LIFE) WORK FOR MOST OF WOR	E) INDUSTRY	
130	Bo. STA	RESIDENCE (IF NURSING HOME OF ATE 136 COL	OR OTHER INSTITUTIO	13c CITY OR TOV	VN	13d. INSIDE CITY LIMITS? YES 🛣 NO 🗌				e-212
14.	FATH	HER'S NAME FIRST Lewis	WIDDLE	Smith		15. MOTHER'S MAIDEN NA/ FIRST Lula	WE		LAS	
160	a WA	S DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECT	URITY NO.	17 INFORMANT	ADDRE	SS		
	(1163	Yes W	WII	115-01-8	948	Gary S. Smith	5613 Green	hill		
BICATION	P	gave rise to immediate cause (a), stating the underlying cause lost. ART 2 OTHER SIGNIFICANT DIAGONAL	DUE TO, (c)_ CONDITIONS	CONTRIBUTING TO	DEATH BUT	DCCLU EROTIC CH NOMELUNIONE YPEKTENS N WAS PERFORMED	HAL DISEASE OR CONI	ZS 17 20b. IF YES IN CERTIF	S, WERE FINDING CAUSES	GS USED OF DEATH
7		OR CONTRIBUTING CAUSE OF D	EATH HOUR	A.M. MONTH D		21c. HOW INJURY OCCURE				NO 🗌
MEDICA		Id INJURY OCCURRED	21e PLACI	E OF INJURY STREET, FACTORY, OFFICE	FARM EIC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STA
		sow the deceased alive a above, (I) (we) Idid) (did a	n Move	14 Ger 19	87.0	, 19 on that in (my) (aur) opinion of the control opinion	, to	fev ate and hav	and from the	couses state
	ľ	Jes c	ta h	D		ATTENDING PHYSICIAN	MEDICAL STAF		12/	25/8
	3. SEX MALE 70. BIRTHPLACE (STATE OR FOREIGN ID COUNTRY) New York 10. CITY OR TOWN OF DEATH Baltimore USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 130: 130: STATE ID COUNTY MD. 14. FATHER'S NAME Lewis 160: WAS DECEASED EVER IN U.S. ARMED FORCES? (VES. NO OR UNKNOWN) YES 18. CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE DBY: IMMEDIATE CAUSE (0) DUE TO, OR Conditions, if ony, which gove rise to immediate couse (0), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE NOT WHILE NOT WHILE 10. CITIZEN OF V. U. 11. NAME OF HE FROTT IN SUCCIONATION 12. DEATH WAS CAUSED BY: 11. NAME OF HE FROTT IN SUCCIONATION 12. DEATH WAS CAUSED BY: 12. DEATH WAS CAUSED BY: 13. CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY: 14. THE FROTT IN SUCCIONATION 15. CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY: 16. CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21. TIME O HOUR A.J. 21. TIME						-			
1	2							E, B,	1213	RE.
	3a. BU (SP	FELIX TAI	V, MID	234.		3800 ER EMETERY OR CREMATORY Hill Cem.	23d. LOCATION	e Riv	er.Md.	STA

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been sign

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician.

23b DATE 12/22/

. Russ 2222 W. NORTH AUR

MIDDLE

ELNORA

Smith

23¢ NAME OF CEMETERY OR CREMATORY

FOR

O SEGISTRAR

23a BURIAL CREMATION REMOVAL

BURIA

24 FUNERAL DIRECTOR

BP

DHMH - 16 50M 1/81

(VRA 15, 4)

FIRST

Willie

-DECEASED NAME

- STATE

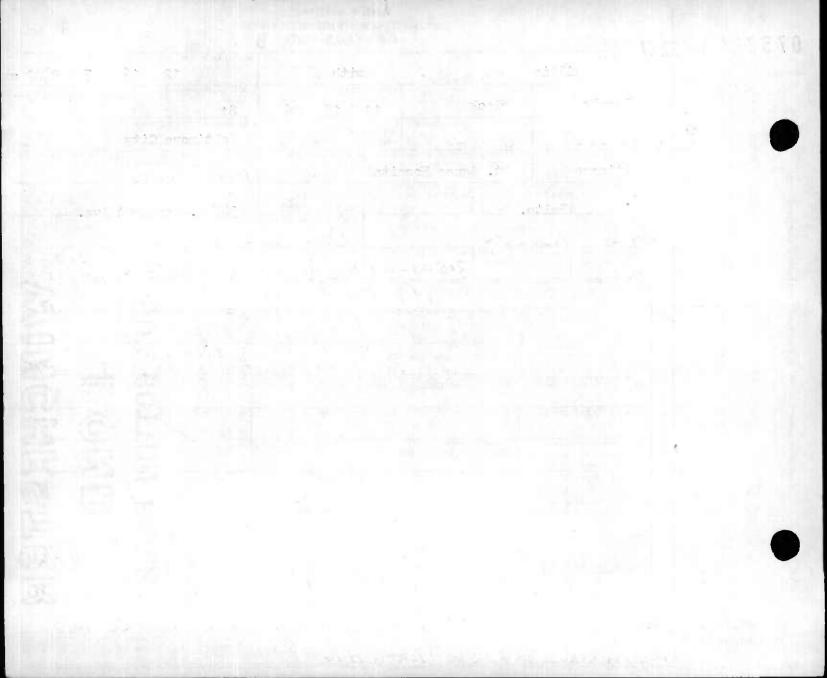
(TYPE OR PRINT)

deoth deoth

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO 20 DATE OF DEATH MONTH YEAR 2h HOUR 87 16 IF UNDER 1 YEAR IF UNDER 24 HRS 6. AGE (IN YEARS LAST BIRTHDAY) YRS. 9. BALTIMORE CITY OR COUNTY OF DEATH Baltimore City 12a USUAL OCCUPATION 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY HOMEMAKER 13e. STREET ADDRESS 315 N Resument APPROXIMATE INTERVAL 20h of YES. WERE FINDINGS USED JA CERTIFYING CAUSES OF DEATH? YES | NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART 1 OR PART 2) CIDADATY STATE

> TIMORK 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE



BP.

DHMH - 16 50M 1/81 (VRA 15, 4)

FOR STATE

STATE	OF I	MARYL	AND

DEPARTMENT OF HEALTH AND MENTAL HYGI CERTIFICATE OF DEATH

ENE B	7	REG. NO.	5	2	4	5
-		REG. NO.				

J. DEC						REG. NO.		
	CEASED NAME	FIRST	MIDDLE		(ONTH DAY YEAR	26 HOUR
110	7	Wylie	E.	Sm	ith	12	27 87	11/1
3. SEX	X		ACE		OF BIRTH	6. AGE IN YEARS I AST BIRTHD	AY) IF UNDER 1 YEA	R IF UNDER 24 H
	34-1		Total data	MONI		60	MONTHS DAY	S HOURS M
	Male STATE OR	CONFICEL 7h (White		3, 1919	9. B/ ORE CITY OR C	YRS.	
70. 01	COUNTRY)	POREIGN /B.	CITIZEN OF, W-	MARRI	ED NEVER MARRIED	7. BY	LOUNTY OF DEATH	
	Pennsylv	ania	USA	WIDOW		Baltimore		
10	TOWN OF DE	ATH [11.	IN NOT IN SUCHEACHT	TAL, NURSING HOME	OR OTHER INSTITUTION	120. USUAL OCCUPATION		OE BUSINESS
	Baltimore		Francis	Scott Key	Medical Cent	er Crane	Operator	
IJOUA 13a. S	AL RESIDENCE (IF NUR	SING HOME OR OTHE		SIDENCE BEFORE ADMISSION	113d. INSIDE CITY LIMITS?	13e. STREET ADDRESS		
M	aryland	Baltin		Baltimore	YES NO T	3532 McShar	ne Way 21	222
	THER'S NAME				15. MOTHER'S MAIDEN NA	ME		
1	Wylie	MIDD E.		smith	Ella	MIDDLE	_	AST
	VAS DECEASED EVER			OCIAL SECURITY NO.	17. INFORMANT	ADDRESS		hatzer
0	YES, NO OR UNKNOWN)	(IF YES, GIVE WA		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				
	Yes	WW I		99-07-9536	I June A. Smi	th 3532 McSh		21222
	18 CAUSE OF DEAT PART I. DEATH V	H (Enter Daly a	ne cause per line fa	r (a), (b), and (c).)			BETWEE	DXIMATE INTERVAL N ONSET AND DEA
			DUE TO OR AS A	CONSEQUENCE OF				
	C	/			adden a full and	an-Onla- Taich O	- Trad	
	Canditians, if ony gove rise to im		(b) <u>DILE</u>	ALED CAKOR	DMYOPATHY, MYC	CARDIAL INFAK	CHOP	
	cause (a), statu underlying cause		DUE TO, OR AS A	CONSEQUENCE OF				
	anactiying caose	1031.	(c)					
	PART 2. OTHER SIG	NIFICANT CON	DITIONS CONTRIB	BUTING TO DEATH BUT	T NOT PELATED TO THE TERA	AINI AL DISEASE OR CONDIT	ION GIVEN IN PART	
Z		THE PERIOD CONT		Contract of the Contract of th	THO TREE ALED TO THE TERM	MINAL DISEASE OR CONDIT		110,
TION				/				
ICATION	198 DATE OF OPERA			FOR WHICH OPERATION		20a AUTOPSY? 2	Ob. IF YES, WERE FIND N CERTIFYING CAUSE	OINGS USED
RIFICATION				/		20a AUTOPSY? 2		OINGS USED
CERTIFICATION	190 DATE OF OPERA	TION DERLYING	19b. CONDITION I	FOR WHICH OPERATION	ON WAS PERFORMED	200 AUTOPSY? 21	N CERTIFYING CAUSE YES	DINGS USED ES OF DEATH?
CERTIFICAT	19a DATE OF OPERA	TION DERLYING CAUSE OF DEATH	196. CONDITION I	FOR WHICH OPERATION	ON WAS PERFORMED	20a AUTOPSY?	N CERTIFYING CAUSE YES	DINGS USED ES OF DEATH?
CERTIFICAT	198 DATE OF OPERA 21a. ACCIDENT WAS UN	TION DERLYING CAUSE OF DEATH ICAL EXAMINER)	19b. CONDITION I 21b. TIME OF INJU HOUR A.M. M P.M. 21e. PLACE OF INJ	FOR WHICH OPERATION OF THE PROPERTY OF THE PRO	21c. HOW INJURY OCCUR	200 AUTOPSY? 21 YES NOT	N CERTIFYING CAUSE YES NITEM 18 PART I OR PART 2]	NGS USED ES OF DEATH? NO
MEDICAL CERTIFICATION	19a DATE OF OPERA 21a. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTHY MED 21d. INJURY OCCUR WHILE NOTW	DERLYING CAUSE OF DEATH ICAL EXAMINER) RED	19b. CONDITION I 21b. TIME OF INJU HOUR A.M. M P.M. 21e. PLACE OF INJ	FOR WHICH OPERATION IRY MONTH DAY YEAR 19	ON WAS PERFORMED 21c. HOW INJURY OCCUR	20a AUTOPSY?	N CERTIFYING CAUSE YES	DINGS USED ES OF DEATH?
CERTIFICAT	210. ACCIDENT WAS UN 210. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTIFY MED 21d. INJURY OCCUR WHILE NOT WAT WORK AT WORK AT WORK	DERLYING CAUSE OF DEATH (CAUSE OF DEATH (CAL EXAMINER) RED HILE IRK	19b. CONDITION I 21b. TIME OF INJU HOUR A.M. N P.M. 21e. PLACE OF INJ (AT HOME STREET, FAC	IRY AONTH DAY YEAR 19 URY TORY, OFFICE, FARM, ETC.)	211. LOCATION STREET	200 AUTOPSY? 21 YES NOT	N CERTIFYING CAUSI YES NITEM 18 PART I OR PART 2) COUNTY	OINGS USED ES OF DEATH?
CERTIFICAT	21a. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTIFY MED 21d. INJURY OCCUR WHILE NOT WAT WORK NOT WAT AT WORK NOT WAT 22a.1 certify that (!) saw the decase	DERLYING CAUSE OF DEATH CALEXAMINER) RED This hospital ed olive on	19b. CONDITION I 21b. TIME OF INJU HOUR A.M. N P.M. 21e. PLACE OF INJ (AT HOME STREET, FAC bottended the dece	IRY AONTH DAY YEAR 19 URY 10RY, OFFICE, FARM, ETC.)	211. LOCATION STREET	200 AUTOPSY? 21 YES NOT	N CERTIFYING CAUSI YES NITEM 18 PART I ORPART 2) COUNTY	STATE
MEDICAL CERTIFICAT	21a. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTIFY MED 21d. INJURY OCCUR WHILE NOT WAT WORK 22a.1 certify that (I) saw the decase above, (I) ((ve))	DERLYING CAUSE OF DEATH CALEXAMINER) RED This hospital ed olive on	19b. CONDITION I 21b. TIME OF INJU HOUR A.M. N P.M. 21e. PLACE OF INJ (AT HOME STREET, FAC	IRY AONTH DAY YEAR 19 URY 10RY, OFFICE, FARM, ETC.)	211. LOCATION SIREET 222 19 8 3	200 AUTOPSY? 21 YES NOT	COUNTY 19 8 7 and haur and from the	STATE
MEDICAL CERTIFICAT	21a. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTIFY MED 21d. INJURY OCCUR WHILE NOT WAT WORK NOT WAT AT WORK NOT WAT Saw the decase above, (1) (Ve) (22b. SIGNATURE	DERLYING CAUSE OF DEATH CALEXAMINER) RED This hospital ed olive on did (did not) vie	19b. CONDITION I 21b. TIME OF INJU HOUR A.M. N P.M. 21e. PLACE OF INJ (AT HOME STREET, FAC bottended the dece	IRY AONTH DAY YEAR 19 URY 10RY, OFFICE, FARM, ETC.)	211. LOCATION SIREET 222 19.87 and that in (my) aur apinian DEGREE	YES NOT	COUNTY , 19 and hour and from th	STATE state that the causes stated TE SIGNED
MEDICAL CERTIFICAT	21a. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTIFY MED 21d. INJURY OCCUR WHILE AT WORK 22a.1 certify that (!) Saw the decase above, (!) (Ve) (22b. SIGNATURE RAWO 2aw 2by 2co. 1 certify that (!)	DERLYING CAUSE OF DEATH CALEXAMINER) RED This hospital ed olive on did (did not) vis	19b. CONDITION I 21b. TIME OF INJU HOUR A.M. N P.M. 21e. PLACE OF INJ (AT HOME STREET, FAC bottended the dece 12/27 ew the body ofter d	IRY AONTH DAY YEAR 19 URY 10RY, OFFICE, FARM, ETC.)	211. LOCATION STREET 222 19 8 2 and that in (my) (aur) apinian DEGREE Ph. D. ATTENDING PHYSICIAN [200 AUTOPSY? 21 YES NOT NOT NEED (ENTER NATURE OF INJURY IN	COUNTY COUNTY and hour and from the	STATE
MEDICAL CERTIFICAT	21a. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTHY MED 21d. INJURY OCCUR WHILE NOT WAT WOOK NOT WAT WOOK 22a.1 certify that (I) saw the decease abave, (I) (Ve) (22b. SIGNATURE RAVE 22d. PHYSICIAN'S N 22d. PHYSICIAN'S N	DERLYING CAUSE OF DEATH (CALEXAMINER) RED HILE CHIS Whis hospital ed olive on dipl (did not) vie LS i a. AME (TYPE OR PRII	19b. CONDITION I 21b. TIME OF INJU HOUR A.M. N P.M. 21e. PLACE OF INJ (AT HOME STREET, FAC bottended the dece 12/27 ew the body ofter d	IRY AONTH DAY YEAR 19 URY 10RY, OFFICE, FARM, ETC.)	211. LOCATION STREET 211. LOCATION STREET and that in (my) (aur) apinion DEGREE Ph. D. ATTENDING PHYSICIAN [22e ADDRESS	200 AUTOPSY? YES NO NOTION INTO PROPER NATURE OF INJURY IN CITY OR TOWN 10 12/2) death occurred an the date	COUNTY COUNTY and hour and from the	STATE state that the causes stated TE SIGNED
MEDICAL CERTIFICAT	21a. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTIFY MED 21d. INJURY OCCUR WHILE AT WORK 22a.1 certify that (!) Saw the decase above, (!) (Ve) (22b. SIGNATURE RAWO 2aw 2by 2co. 1 certify that (!)	DERLYING CAUSE OF DEATH (CALEXAMINER) RED HILE CHIS Whis hospital ed olive on dipl (did not) vie LS i a. AME (TYPE OR PRII	19b. CONDITION I 21b. TIME OF INJU HOUR A.M. N P.M. 21e. PLACE OF INJ (AT HOME STREET, FAC bottended the dece 12/27 ew the body ofter d	IRY AONTH DAY YEAR 19 URY 10RY, OFFICE, FARM, ETC.)	211. LOCATION STREET 222 19 8 2 and that in (my) (aur) apinian DEGREE Ph. D. ATTENDING PHYSICIAN [200 AUTOPSY? YES NO NOTION INTO PROPER NATURE OF INJURY IN CITY OR TOWN 10 12/2) death occurred an the date	COUNTY COUNTY and hour and from the	STATE state that the causes stated TE SIGNED
MEDICAL CERTIFICAT	21a. ACCIDENT WAS UN OR CONTRIBUTING [(IF EITHER NOTIFY MED 21d. INJURY OCCUR WHILE NOT WAT WORK NOT WAT WORK NOT WAT WORK SOW the decades above, (1) (Ve) (22b. SIGNATURE RAY SOURIAL, CREMATION,	DERLYING CAUSE OF DEATH ICAL EXAMINER) RED HILE RICHARD HIS hospital ed olive on adial (did not) vie AME (TYPE OR PRIF	19b. CONDITION I 21b. TIME OF INJU HOUR A.M. N P.M. 21e. PLACE OF INJ (AT HOME STREET, FAC bottended the dece 12/27 ew the body ofter d	FOR WHICH OPERATION IN THE PROPERTY OF THE PRO	211. LOCATION STREET 211. LOCATION STREET and that in (my) (aur) apinion DEGREE Ph. D. ATTENDING PHYSICIAN [22e ADDRESS	200 AUTOPSY? YES NOT	COUNTY COUNTY and haur and from the county of the county	STATE , that (1 (wa) is the causes stated 27/87
MEDICAL CERTIFICAT	210. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTHY MED 21d. INJURY OCCUR WHILE NOT WAT WORK 220.1 certify that (I) saw the decease above, (I) (Ve) (220.5 IGNATURE RAY 220. PHYSICIAN'S N RAY S	DERLYING CAUSE OF DEATH CALEXAMINER) RED HILE CAUSE OF DEATH CALEXAMINER RED HILE CAUSE	19b. CONDITION I 21b. TIME OF INJU HOUR A.M. M P.M. 21c. PLACE OF INJ (AT HOME STREET, FAC bottlended the dece 12/27 27 we the body ofter d N1)	FOR WHICH OPERATION IN THE PROPERTY OF THE PRO	211. LOCATION SIREET 211. LOCATION SIREET 212. 19.87 and that in (my) (aur) apinion DEGREE Ph. D. ATTENDING PHYSICIAN [22e ADDRESS FRANCIS CEMETERY OR CREMATORY	200 AUTOPSY? YES NOT	COUNTY COUNTY and haur and from the county of the county	STATE , that (1 (wa) is the causes stated 27/87
MEDICAL CERTIFICAT	21a. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTIFY MED 21d. INJURY OCCUR WHILE NOT WAT WORK AT WORK AT WORK AT WORK AT WORK 22a.f certify that (I) (We) (22b. SIGNATURE RAVE SAVE SERVER SAVE SAVE SAVE SAVE SAVE SAVE SAVE SAVE	DERLYING CAUSE OF DEATH ICAL EXAMINER) RED HILE RICHARD HIS hospital Edolive on AME (TYPE OR PRIM PLGIA REMOVAL 2.	19b. CONDITION I 21b. TIME OF INJU HOUR A.M. N P.M. 21e. PLACE OF INJ (AT HOME STREET, FAC bottlended the dece	IRY AONTH DAY YEAR 19 URY TORY, OFFICE, FARM, ETC.) ased from 12 death. 123c, NAME OF 6 HOLLY	211. LOCATION 211. LOCATION SIREET 212. 19 87 and that in (my) (aur) apinian DEGREE Ph. D. ATTENDING PHYSICIAN [22e ADDRESS FIRANCIS CEMETERY OR CREMATORY HILL	PARED (ENTER NATURE OF INJURY IN CITY OR TOWN CITY OR TOWN CITY OR TOWN MEDICAL STAFF DIRECTOR PHYSICIAN CITY OR TOWN MEDICAL STAFF DIRECTOR PHYSICIAN CITY OR TOWN BALTIMC ER REC'D. BY REGISTRAR 1256	COUNTY and hour and from the service DAT 12 / 22 / 22 / 22 / 22 / 22 / 22 / 22	STATE st

Saluante de la lace de Bost led to a But I was full state Standard whom we had to MINE SHOULD STORY OF THE STATE Strategies Sono Head In the Strategies of the Harden -trail the wheel many the - 13 12/21 12/21 12/21 11/21 11/21 Letter the many beat 2 beat 200

ADDRESS

24 FUNERAL DIRECTOR

DHMH - 16 50M 1/81

(VRA 15, 4)

STATE OF MARYLAND

250 DATE REC'D, BY REGISTRAR 250 REGISTRAR'S SIGNATURE

136-311 132-71 CALLS TO BEST SHOW AND TAKEN IN

6366 DEC	28	STATE EGISTRAR	DEP		EALTH AND MENTAL HYGICATE OF DEATH	REG. NO.	5 2 4	0
eq 74		ASED NAME FIRST	WI C	5 h	Vder	20. DATE OF DEATH MONT		BY A
ge 4 mo)	1. SE	Female	unite	S. DATE C			MONTHS DAYS	IF UNDER 25 HR HOURS MIN
death. Po		RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF WHAT COUN	MARRIE	Table 1	1/	nore Citi	4
rs ofter	B	altimore, Md,		STREET ANDOESSI	HOS pital	120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WOR Meat Packer	king life) 12b. KIND OF IND ISTRY Meat	WSINESS C
n 24 hou	Sille.		other institution, give residence NTY Arundel Pasa	NWOT	13d. INSIDE CITY LIMITS? YES NO 🔀	13e.STREET ADDRESS / ZIP 2168 Lat		2117
ompletes		Frank	Kaszul		IS. MOTHER'S MAIDEN NA Josephin	16 WIDDLE	Karw	orska
be execu	160 \	VAS DECEASED EVER IN U.S. AR. YES, NO OR UNKNOWN) (IF YES GIV	MED FORCES? (E WAR OR DATES) 2132	06496	Glen A. Sny	yder Same as		
physici on paper emoval.		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT		bi, and ici.i	Dysth	All mich	APPROXIMEN OF	MATE INTERVAL
death ce attendin ave carb itian, ar raumatic	& Sales	Conditions, if ony, which	DUE TO, OR AS A CONS	SEQUENCE OF	c Dys	rithmic		
that the d by the lease remote or other ti		gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONS	SEQUENCE OF		1		
requires en signe Then p or to bur injury, o	TION	Odon to id	Fxactu	re, H	ead Injur	7		
The low cion.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO		YES NOT	IF YES, WERE FINDING CERTIFYING CAUSES O YES [GS USED OF DEATH? NO
SICIAN: ng physic certificat mai-trans ental Hyg ltep 18 s		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTE	d DAY YEAR		RED (ENTER NATURE OF INJURY IN IT	EM 18 PART I OR PART 2)	
r attending After this as the bud Mith and Morked or	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21th PLACE OF INJURY (AT HOME, STREET, FACTORY, C		211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
spital or Spital or CTOR: A for use of Health		270.1 certify the (1) this hospi sow the deceased alive an above, (1) (we) (did) (did no			d that in (my) (our) apinion	death accurred on the date or	nd hour and from the co	hour (we) lo
ALOR ALOR ALOR ALOR ALOR ALOR DEPT.		22b. SIGNATURE	ws.lven	>	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	22¢ DATE S	IGNED
HOSPII		224. PHYSICIAN'S NAMIL (TYPE O	meth Silv	e	Goed S	consitor 1	tespte 1	
BP		BURIAL, CREMATION, REMOVAL	12/29/87		EMETERY OR CREMATORY Hill Cemetery	Baltimore	CAUNTA.	Mä
DHMH - 16 60M 7/B4 (VRA 15, 4)	24 F	George J. Gonce	4001 Ritchie	figwy Bal	Lto Md DEC	208 BOST TRAP	EGINTANSSIGNATU	Place.

STATE OF MARYLAND

Pearl C Snyder

400

REGISTRAR

STATE OF MARYLAND FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYCIENE

DEF	CERTIFICATE OF DEATH	B 7 REG. NO.	> 2 4	7
l E	/LAST	20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR
h	Anuale)	Vec 20	0 1987	SA
	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HE
	MONTH DAY YEAR	00	MONTHS DATS	HOURS MI

		4			REG. IN	· .		
DE	GEASED NAME FIRST	MIDDLE	IAST	/	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
a (1 AMS	OR PRINT)	F-1.+1	N	10.	100	26/	987	15 0
	Jasan	- Callh	MMG-C	40		X Q I	101	O H W
3. SE	X	4 RACE	5 DATE OF BIR		6 AGE (IN YEARS LAST BI		THE DATE	HOURS MIN.
	Finale	Cana	MONTH	DAY YEAR	92		UATS DATS	HOURS MIN.
7. DI	RTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	/2 8	14 1013	A DALTHAORE CITY	YRS OF	DEATH	
	CONVIDATE OF LONEIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED -	NEVER MARRIED	9 BALTIMORE CITY	JK COOM TO	DEATH	
	RUSSIA	11.5#	WIDOWED	DIVORCED [dholta	11/11		MD.
10 C		11. NAME OF HOSPITAL, NURS		HER INSTITUTION	120 USUAL OCCUPAT	ION 7	176 KIND OI	F BUSINESS OR
1	latta al	(IF NOT IN SUCH FACILITY SIVE STRE		A ((TYPE OF WORK FOR MOST		INDUSTRY	
di	Mill a certif	Levendale (5	eriatrical	enter	HOUSe WIT	-G.	Dom	estic.
	AL RESIDENCE OF NURSING HOME OF				1			
130	STATE 13MCOUN	131 SITY OR TO		INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE		
	MUN	Dalti	HO V	NO 🗆		mascus	CT_	21209
14. FA	ATHER'S NAME	0.00	15. N	MOTHER'S MAIDEN N.			A	
16	nuncius d	MIDDIE PAST	126	Volument	MIDDLE		Veli	11/11
D_{i}	S. Tarrest Contract C	Lune	21/2/1	LE DUCCA	1000	566	LOIVE	21269
	VAS DECEASED EVER IN U.S. ARI	MED FORCES? 166 SOCIAL SEG	CURITY NO. 17	HEORMANT	ADDR	255	1	RAMOUNT
,	TES NO OR GIVEN ONLY	220-24	1-16751 L	-11tinh	Merren 2	207F1	bonall	12C+
			, , , , ,	TACE !	octolly a	4-7-	6111406	La re november
		ly one couse per line for ioi, (b), (MIWEEN	MISET AND DEATH
	PART I. DEATH WAS CAUSED	E CAUSE (0) Pheu	mone	a			de	aya
1 13	IMMEDIA	E CA03E (0)						1
10.0		DUE TO, OR AS A CONSEO	UENCE OF				- 1	0
	Conditions, if ony, which	((b)						
	gove rise to immediate)	1.4.5.5	Mary and the second				
	couse 101, stating the underlying couse lost	DUE TO, OR AS A CONSEO	UENCE OF					
		((c)		100		1		1000
100	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT	RELATED TO THE TER.	MINAL DISEASE OR CON	DITION GIVEN	IN PART 110	
Z	Multon	ale draul	Mitten	MORDIN				
Ĕ	110011	- a gecon	com c	revers.	In	Total Is Ness II	(F.D.F. F. (D.)	
S	190 DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATION WA	AS PERFORMED	200 AUTOPSY?	106. IF YES, W		
E		A THE REAL PROPERTY.			YES T NOT	YES [_	NO []
CERTIFICATION	210. ACCIDENT WAS UNDERLYING	716 TIME OF INJURY	710	HOW IN JURY OCCU	RRED (ENTER NATURE OF INJU			
	OR CONTRIBUTING CAUSE OF DEA	LICUID A 44 ALCONTU	DAY YEAR		MED TENTER ANTONE OF 1990	IN DALLEM IS THE	(On rant s)	
3	LIFEITHER NOTHY MEDICAL EXAMINER		19					
MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	211	LOCATION				*
¥	WHITE NOT WHITE	(AT HOME STREET FACTORY OFFIC	E, FARM, ETC)	STREET	CITY OR TO)WN	COUNTY	STATE
	AT WORK AT WORK			1 - 0	>-7	1	0-	
	220.1 certify that (1) (this hospit	tall attended the degeoged from	12/	2 3 19 8	(, to /)	126, 19.	1/	that (I (we lost
	saw the deceased alive on,	12/2610	ond to	t in (my) (nur) douning	death accurred on the	nte and hour ar	nd from the	rouses stated
	obove, (l) we) (did)(did not	ti view the body of her death.			- deam accorda ar ma p	ore one noor or	io mom the t	LOUSES STOTEG
	226. SIGNATURE	10	DEGR	EE			2N. DATE S	SIGNED
	ATWE	11 LIMIN	1-11	ATTENDING	MEDICAL STA	.FF	/2/	26/8-
	224 PHYSICIAN'S NAME LITYPE OF	- W MOUND	1	ADDRESS	- DIKECTOK LA PRIVST	IAN L		-101
		//	77e	ADDRESS	1 1	13/6		/
	Steven Lev	'enson	12	434 (1) 1	BElvedere	- JENY		
_	JI COON DO		- 0	1010	101			

230 BURIAL, CREMATION, REMOVAL

1236 DATE

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physics should be detached for use as the burial-transit permit. Then please remove carban papewith the State Dept, of Health and Mental Hygiene prior to burial, cremation, or remaval.

ATTENDING PHYSICIAN: The

retained by the haspital TO HOSPITAL

BP.

injury, ar other traumatic event,

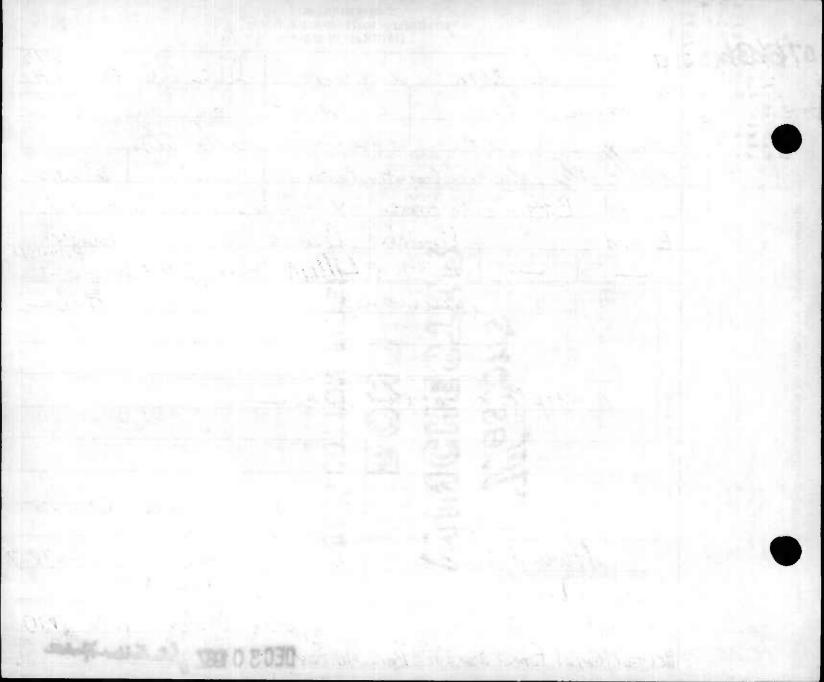
Item 18 shows any

marked ar

IMPORTANT: If Hem 21 is

24 FUNERAL DIRECTOR

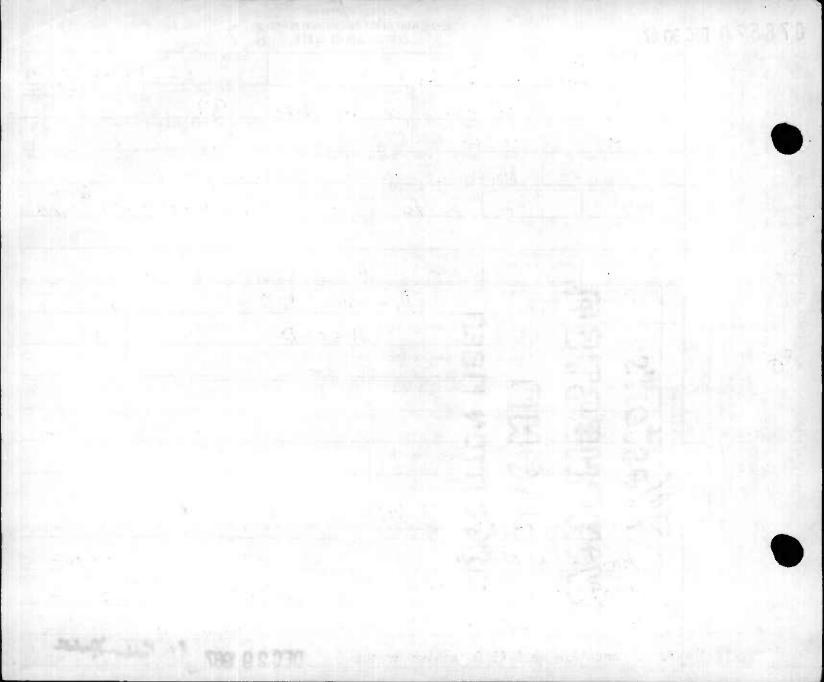
BY REGISTRAR 756. REGISTRAR'S SIGNATURE



STATE OF MARYLAND

-7	- 3	5	2	5
/	REG. NO.			

076570 DEC	30	FOR STATE REGISTRAR	D		HEALTH AND MENTAL HYG	B 7 REG. NO	3 5 2 5 0	
e 4 may be clor. page 3 softer death		. 00	HOS.	S. DATE MONT				m
er death. Page e funeral direc within 72 hours		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO USA 11. NAME OF HOSPITAL, (IF NOTINI SUCH FACILITY, G	MARRIE WIDOW NURSING HOME	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY OF Baltimore CITY OF 120 USUAL OCCUPATIO (1YPE OF WORK FOR MOST OF	R COUNTY OF DEATH OF BUSINES:	MD.
AND 21201 in 24 hours off	130	mn -	MONTH W	UST No.	13d. INSIDE CITY LIMITS? YES NO	130.STREET ADDRESS / 46c.) Poll	121 B.11.	<u> </u>
e executed within and completely Poges, odd 2 s	16a \	ATHER'S NAME FIRST VAS DECEASED EVER IN U. VES, NO OR UNKNOWN] (IF Y		LAST	15. MOTHER'S MAIDEN NA.	ADDRES		
W. PRESTON ST., BALTIMORE, of the death certificate be executed that the death certificate be executed the death certificate by the other death of the modes of the troumotic event, the medical other troumotic event, the medical		PART I. DEATH WAS C.	ter only one couse per line for to AUSED BY: EDIATE CAUSE (o) DUE TO, OR AS A CO	Pro	ASEND	oger 5 L	APPROXIMATE INTERV. BETWEEN ONSET AND DE TEIMING 4-5	ÊATH
icorbs, 201	CERTIFICATION	couse (a), stating the underlying couse last	the DUE TO, OR AS A CO	ING TO DEATH BU	T NOT RELATED TO THE TERM	200 AUTOPSY?	DITION GIVEN IN PART 110 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH	1?
SION OF VITAL PHYSICIAN: The ending physicion the certification and Amental Hygier d or frem 18 show	MEDICAL CERTIF	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EX.) 21d INJURY OCCURRED WHILE NOT WHILE	OF DEATH HOUR A.M. MON	19 Y	216 HOW INJURY OCCUR	YES NO RED (ENTER NATURE OF INJUR	YES NO PART 2)	
1. OR ATTEND the hospital or the hospital or trached for use to Dept of Heal		220 1 certify that (I) (this	we on 12 ph did not view the body ofter deal	19 67	DEGREE ATTENDING	death occurred on the do	TIAN [10/21/7	
TO HOSPITAL TO FUNCTION By the TO FUNCTION By the State IMPORTANT: I	23a	BURIAL, CREMATION, REMO	DVAL 236 DATE 12/23/87	23c. NAME OF	SOL DO CEMETERY OR CREMATORY emorial Park	Try or Town Randallst	Belts MD COUNTY STA	
DHMH - 16 60M 7/B4 (VRA 15, 4)		UNERAL DIRECTOR	H West 4300 Wa	âbash Ave	250 DA1		75b. REGISTRAR'S'SIGNATORE	



HOY the death certificate be executed within 24 haurs aft DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2129 9 retained by the hospital or attending physicion. TO HOSPITAL OR ATTENDING PHYSICIAN: The

5 8 8

_	FOR			
] -	FOR STATE			

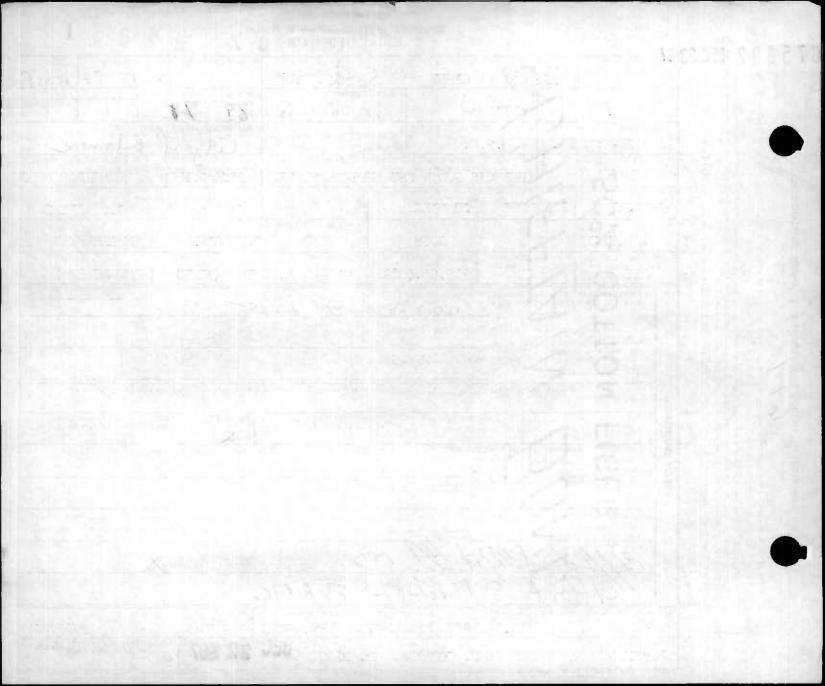
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 12 CERTIFICATE OF DEATH

PEG NO	5	2	5	1
REG. NO.				

C 23 GT REGISTRAR	FIRST . AA	IDDLE	ŁAST .		REG. N	MONTH DAY	YEAR	
(TYPE OR PRINT)	RICHARI	HARRY	-11	OTH)	20 DATE OF DEATH	12 18	87	2b HOUR
3. SEX	4 RACE		JO TICLO		AGE (IN YEARS LAST BI		NDER I YEAR	15:45
MALE M	WHITE	1	12 OI	YEAR	19 7	YRS. MONT		HOURS A
TO BIRTHPLACE I STATE OR FO	OREIGN 76 CITIZEN OF V	HAT COUNTRY? 8.	RRIED T NEVER MA		BALTIMORE CITY		DEATH	
HARRISBURG, I	The second second	A. WIDO	OWED DIV	ORCED	City		gmos	re
BALTIMORE	FRANCIS	OSPITAL, NURSING HOLESS SCOTT KEY	MEDICAL C	ENTER	USUAL OCCUPAT (TYPE OF WORK FOR MOST DISPATCH	OF WORKING LIFE! I	26. KIND OF NOUSTRY RANSP	
USUAL RESIDENCE (IF NURSIN 130 STATE MARYLAND	NG HOME OTHER INSTITUTION, OF THE STATE OF T	give residence before admiss 130 City OR Tovon DUNDALK	13d. INSIDE CIT	ио 🕅	3e STREET ADDRESS 6931 Bel	ZIP CODE Clare Ro	., 2	1222
LAWRENCE	WIDDLE	SÔTH	15. MOTHER'S	nr r	E ELIZABETH	SHE	LLHÂÑ	MER
160 WAS DECEASED EVER IN (YES, NO OR UNKNOWN)	N U.S. ARMED FORCES? (IF YES GIVE WAR OR DATES) WW II	219.05.531		Y A. SC	ADDR YIH (WIFE		AS 1	3e)
18 CAUSE OF DEATH PART I. DEATH WA	l Enter anly ane cause per l	ine far (a), (b), and (c),)					APPROXIA BETWEEN O	MATE INTERVAL
PART 2 OTHER SIGNI	IFICANT CONDITIONS <u>CO</u>	ION FOR WHICH OPERA			200 AUTOPSY?	206 IF YES, WI	RE FINDIN	GS USED
					YES NO	YES []	NO 🗌
OR CONTRIBUTION C	AUSE OF DEATH HOUR A.A	MONTH DAY Y	21c. HOW INJI	URY OCCURRE	D (ENTER NATURE OF INJE	JRY IN ITEM 18 PART I	OR PART 7)	
TIPE TITMER NOTIFY MEDICAL TI	(AT HOME, STRE	OF INJURY ET, FACTORY, OFFICE, FARM ETC	211. LOCATION STREET	١	CITY OR 10	OWN	COUNTY	STATE
220.1 certify that (1) (1) sow the deceased	this hospital) ottended the				, taath occurred an the a	. 19_		hat (II (we)
abave, (I) (we) (di	d) (did not) view the bady o	ifter death.	DEGREE DEGREE	aur) apinion de	earn occurred an the a	late and haur and	22c DATES	
Chifford	ME-(1YPE OR PRINT)	tell ?	MY AT	TENDING HYSICIAN	MEDICAL STA		THE DATE S	SIGIAED
Clift	ord S.	Mitchell	D PSI	RMC				
23a BURIAL, CREMATION, R (SPECIFY) BURIAL	23b. DATE 12.21.		OF CEMETERY OR CR		23d LOCATION CITY OR TOWN	co	UNIY	DSCT AND
BURLAL 24 FUNERAL DIRECTOR	12.21.	LAQ / MEADON	VRIDGE MEM	. PAKK	ELKRIDGE		MA	RYLAN
				252 ED WYF.	REC'D BY REGISTRAF	DECICED OF	e le contra	400 0

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.



Garrett Co. Mem. Gardens

21550

Oakland

250 DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

Garrett

12/22/87

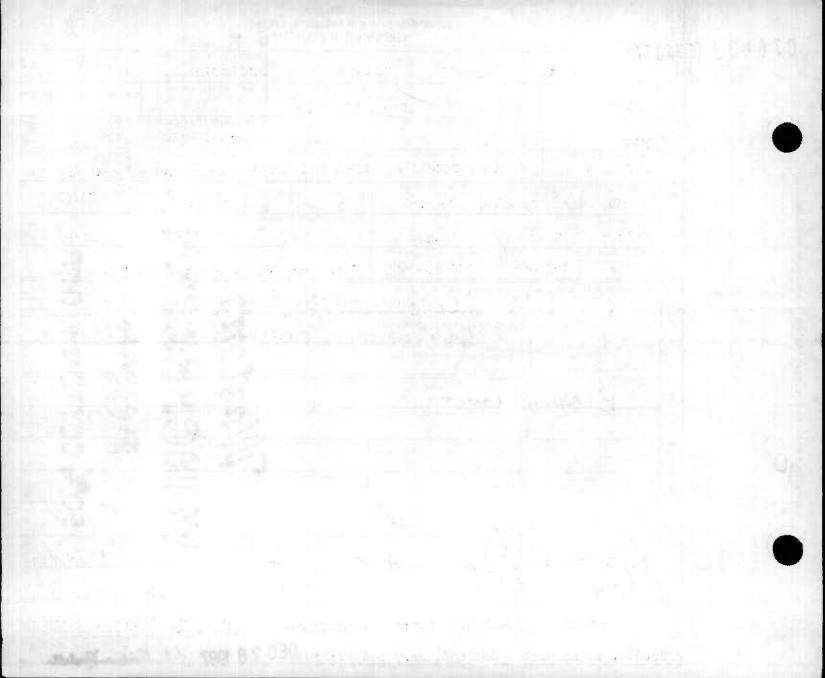
Oakland, Maryland

burial

Bradley A. Stewart

24 FUNERAL DIRECTOR

DHMH - 16 60M 7/84 (VRA 15, 4)



BP.

DHMH - 16 60M 7/84

(VRA 15, 4)

076000

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGII

TOINS	HEALIH	AND MENIAL P	1
CERTI	FICATE	OF DEATH	

ENE	7	250	5	2	5	
,		REG. NO.				

1	00	REGISTRAR				CERTIF	ICATE OF DEA	ATH	8 7 REG N	5	2 5	4	
4	P DE	CEASED NAME	FIRST		MIDDLE	i	AST		, KEO.T.	MONTH	DAY YEAR	2b HC	DUR,
	(17PE		LADYS	I	1.	SPE	RRLE			2	19 87	7	34
	3. SE	X	Dely 1	4 RACE		5. DATE C			6. AGE (IN YEARS LAST BIR	THDAY)	IF UNDER I YEAR	IF UND	DER 24 HRS
	8	Female	3	Whit	e	Aua.	10, 19	VEAR 09	78	YRS	MONTHS DAYS	HOURS	S MIN.
		IRTHPLACE (STATE OR F	OREIGN	16. CITIZEN OF	WHAT COU	NITDV2 8	D NEVER MAI		9 BALTIMORE CITY O		Y OF DEATH		
1		New York		US	SA	WIDOWE		RCED	BALTIMORE	CITY			MD
1	10. C	ITY OR TOWN OF DEA	TH			NURSING HOME C	OR OTHER INSTITU	JTION	12a. USUAL OCCUPATE	ON	126. KIND (
pt	E de	BALTIMORE			_	MORIAL HO	OSPITAL		Lt. Comd			avy	
	USU, 13a. S	AL RESIDENCE (IF NURSI	NG HOME OR	OTHER INSTITUTION	GIVE RESIDENCE		13d. INSIDE CITY	LIAAITS 2	13e.STREET ADDRESS	7 IR COD			
pet.		MD			Balt			0 🗆	4210 Wes			21	218
115	14. FA	ATHER'S NAME	The same	MIDDLE	14	AST	15. MOTHER'S M	AIDEN NAA	WE				
100		Oscar			errle		Jo	seph			Smith		
		WAS DECEASED EVER		MED FORCES?	16b. SOCIA	L SECURITY NO.	17. INFORMANT		ADDRE	SS			
		Yes		I & K	068	10 2323	Mr. Sh	ale :	D. Stille:	r,	Balt	0.,	MD
		18. CAUSE OF DEAT	H (Enter an	ly ane cause per	line for (o),	(b), and (c).1	Ω				APPROX BETWEEN	IMATE IN	TERVAL ND DEATH
		PART I. DEATH W		E CAUSE (a)	Ke:	spirator	y Hrr	est			Im	med	take
				DUE TO, O	R AS A CON	ISEQUENCE OF							
		Conditions, if any,		((b)	Pro	bable	Pulmona	14 C	nbolus		in	mea	liale
		couse (a), stating	g the	DUE TO, O	RASACON	SEQUENCE OF		1. 0		11	2	7.	
				(c)	Keci	orrent N	letastat	ic LA	ARCINOMA O	FUA	SINA C	xye	ars
	z	UCIDA CU	IFICANT C	ONDITIONS CO	ONTRIBUTIO				INAL DISEASE OR CONI				Value
	CERTIFICATION	19g. DATE OF OPERAT	ION	IN PECE	ITION FOR	WHICH OPERATION			1280 AUTOPSY?		S, WERE FINDI	ro 10	apse.
)	IFIC.	The order of oreken		The Conto	, , , , , , , , , , , , , , , , , , ,	WHEN OF EKANO	TYPASTERI ORM			IN CERTI	FYING CAUSES	OF DE	ATH?
-	ERT	21g. ACCIDENT WAS UND	ERLYING T	1 21b. TIME O	FINJURY		121c HOW INJUR	RY OCCURR	YES NOK		ES D	NO	
3	41 0	OR CONTRIBUTING	AUSE OF DEA	TH HOUR A.	M. MONT	H DAY YEAR		., occonn	LED (ENTER NATIONE OF INTO	THATIEM IS	PART OR PART 21		
	MEDICAL	116 INJURY OCCURR		21e. PLACE		19	1211 LOCATION	-					-11.0
	ME	WHILE NOT WH	ILE 🔲	(AT HOME, STR	REET, FACTORY	OFFICE, FARM, ETC.)	STREET		CITY OR TO	MM	COUNTY		STATE
		22a. I certify tha		al) attended the	e deceased	trom 101	/	10 84	12/1	9	19 87	the C	(we) last
		low the deceaff	Perion no	62/	18		d that ir (my) (au	r) opinion d	leath occurred an the do	ate and hou		causes	stated
		776 SIGNATURE	id idid na	wight the body	after death		DEGREE				22c DATE		
		Hill	11	Torst	The	un n	ATTE	NDING SICIAN	MEDICAL STAF		1.2	lia	102
H		HE HYSICIAN'S NA	ME ITHE	CERTACT)	100		22e ADDRESS	SICIAIN X	J DIRECTOR PHYSIC	IAN []	104	777	01
		ALTOTA	COOT	- FOLE	N. V.	D	201 17	TINITY	TOPOTONI DIVIN	7			
		BURIAL, CREMATION, I		236. DATE	Y, M.		201 E,		ERSITY PKWY				
		Crematic		12/21	/87	Green			Balto.		COUNTY	ÍD	STATE
	24 FL	UNERAL DIRECTOR		1 /		-		250 PATE	REC'D. BY REGISTRAR	256 REGIST		THE PERSON NAMED IN	
		NAME	Н	. W. J	enkiñ	rs & Sor	is Co.	UE	22 1987	Jeten	Deordas	. Kan	dall

76600 172807 Register of a steel for his Cheristical at thought Systems the cary have more rated at the following to make many the contract of the the Allegation and the second of t

BOULE . HC . . D ZE

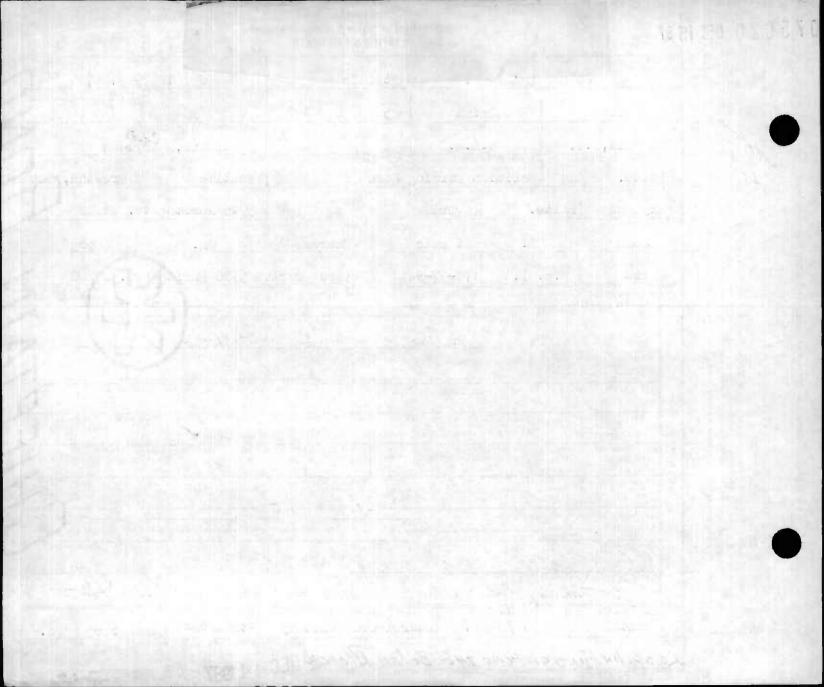
. Office of the second of the

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFICATE OF DEATH	8 / REG. NO.)	400
	DECEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH D	AY YEAR 26 HOUR
I	John	\mathcal{F}^{ι} .	Staehle	12 9	1987 M
3	SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	FUNDER 1 YEAR IF UNDER 24 HRS
	Male	Caucasian	5 6 1894	93 YRS	ONTHS DATS HOURS MIN.
7	BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
	New York, N.Y.	U.S.A.	WIDOWED DIVORCED	Baltimore, Mary	land MD
"	Balto.	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET Meridian Nursing		120 USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKING LIFE Textiles	126 KIND OF BUSINESS OR INDUSTRY Brewton, Alaban
	SUAL RESIDENCE (IF NURSING HOME OF THE STATE 13b. COUN Maryland Balt		ADMISSION) 138. INSIDE CITY LIMITS? YES A NO	13. STREET ADDRESS / ZIP CODE 5916 Eurith Ave	. 21206
1	FATHER'S NAME FIRST John	B. Staehle	15 MOTHER'S MAIDEN NAM	ME Modle	Hoog
16	MAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SECU	IRITY NO. 17 INFORMANT	ADDRESS	
L	Yes W.W		411 Nelson Searl	es 5916 Eurith Av	e. 21206
	PART I. DEATH WAS CAUSE	nly one cause per line for iai, (b., and ED BY. TE CAUSE (a)	dic D.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		DUE TO, OR AS A CONSEQUE	NCE OF VASCULAY IN		N IN PART To
	19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, IN CERTIFY YES	WERE FINDINGS USED ING CAUSES OF DEATH?
		HOUR A.M. MONTH DA	YEAR 19 21t. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM 18 PAI	RT OR PART 21
	OR CONTRIBUTING CAUSE OF DEA	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F)	ARM ETC.) 21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
1	saw the deceased alive an	ital) attended the deceased fram_	F7 and that in (my) (aur) apinion of	death accurred on the date and hour	9, that() (we) last and Irom the couses stated
	27b. SIGNATURE	M Anh	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
	228 RHYSICIANISTO AME (TYPE O	/ A	MeniOAN.	Homencoo Niks	y Hare.
2:	30 BURIAL, CREMATION, REMOVAL BURIAL	1 - 110/07	NAME OF CEMETERY OR CREMATORY Urelwood Cemetery	Strausburg Lanc	county STATE aster Pa.
24	FUNERAL DIRECTOR	al Home 1401 Be	lair Rolzizz DEC	E REC'D. BY REGISTRAR 25b. REGISTR	AR'S SIGNATURE



				STATE	OF MARYLAND			
	1.	FOR STATE	DI		LTH AND MENTAL HYG	IENE	e- 15	c 7
90 10 50		REGISTRAR			ATE OF DEATH	REG. NO.	2 4	3 /
6 3-7 DEC 3		EASED NAME FIRST	D. WIDDIE	CTA	RL	20. DATE OF DEATH MON	75.0	AR Zb. HOUR
og og og og		1144	. 0	317	^/ /	102	- 00-0	YEAR IF UNDER 24 HRS
or. p	3. SE:	E	1 RACE	5. DATE OF	DAY YEAR	6. AGE (IN YEARS LAY BIRTHDA		DAYS HOURS MINL
ect and a	7a DI	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COL	INITDV2 8	5-1905	9 BALTIMORE CITY OR C	OUNTY OF DEAT	H
4 11 4		OUNTRY)	11 CA	MARRIED	2	RATION	MADE C	コナソ
8 34 6	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL,	NURSING HOME OR		120 USUAL OCCUPATION	126 KIII	ND OF BUSINESS OR
1 11/10	B	ALTIMONE-C	(IF NOT IN SUCH FACILITY, GE	BAN/ERO	TRD 21711	HALLS - Y		un-home
1 1 10 /	USU		OTHER INSTITUTION GIVE RESIDEN	ICE BEFORE ADMISSION)	34 INSIDE CITY LIMITS?	13e STREET ADDRESS / ZI		404
2 33	130	MD 136 COU	BA	LT, MORE	YES NO [AS A	BOVE (#11)
報かる	14. FA	THER'S NAME	MIDDLE DY DI	161.0	S. MOTHER'S MAIDEN NAM	ME	, ,	IASI - ID
1. 1500	-	JOSEPH	BEK.	NSTEIM	EDITH		LEA	MER
die die		VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCI	AL SECURITY NO.	7 INFORMANT SON	111 HAM	LET HI	LL RD
1 14 1		NO	d11-	20-1411	ANDRION STAR	RA	LTIMARE	= 31210
Scott Property ort, th		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	D DV		INFAR	CTIAN	BETV	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
page 1		IMMEDIA		DEARDIAL	INFAIL	CITON	15	MINUTES
at the state of th		Conditions, if ony, which	DUE TO, OR AS A CO	NSEQUENCE OF	PATIC CORON	ARY ARTER	×- :	5 YEARS
9 9 9 9 9		gave rise to immediate couse (a), stating the	(b)	100		HEART DISE	PASE	
by the	18	underlying cause last	DUE TO, OR AS A CO	NSEQUENCE OF		11 2/3 1 1 -		
med please the surious y, or		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTE	NG TO DEATH BUT N	OT RELATED TO THE TERM	INAL DISEASE OR CONDITI	ON GIVEN IN PAI	RIlto
The The	ON N	MALIGNANT	HYPERALL	OBULIN E	MIA , AL	IHEINER!	5 SYNDA	SOME
s bee	CAT	190 DATE OF OPERATION	19 CONDITION FOR	WHICH OPERATION	WAS PERFORMED	20a AUTOPSY? 20	IL IF YES, WERE FI	INDINGS USED USES OF DEATH?
The licion.	CERTIFICATION	NOP	E	10 FA 18		YES NO	YES 🗌	NO 🗌
A TO SEE SE		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	- 1 110110 1 11 11011	ITH DAY YEAR	21c. HOW INJURY OCCURE	SED TENTER HATURE OF INJURY IN	ITEM AB PART I OR PAR	ł1 2)
rSICIV ung p certit vriol- Aento	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19	RIF LOCATION	MADIC		
PHY rend	WEG	WHILE IT NOT WHILE IT	(AT HOME, STREET, FACTORY		STREET	CITY OR TOWN	COUNT	TY STATE
or of of of the mork		220 1 certify the (I) this hosp	ital) attended the deceaser	d trom	10 %	2 12/25	18710	that (I) (we) last
TEN TOR. Or us		saw the deceased alive of	12-25-	X79, ond	that in my (our) opinion	deoth occurred on the dote	and hour and from	n the causes stated
REC Hed f		22h SIGNATURE	at) view the body after deat		GREE		22c. E	DATE SIGNED
The Date of the Da		Million Se	rustein	M. W.	ATTENDING PHYSICIAN	MEDICAL STAFF	10 /2	1-25-87
HOSPIT, Ined by Lines by Lines by the Sto		274 PHYSICIAN'S NAME (TYPE	OR PRINT)		77e ADDRESS	11-21 00 101		
TO HOSPIT.		MILTON B	ER NSTEIN	MIDI	3202 1A	NET KU,DA	LTIMORE,	MD. 21.215
5 5 5 4 3 3	23e	BURIAL, CREMATION, REMOVAL	236 DATE	23c NAME OF CE	AFTERY OR CREMATORY	23d LOCATION	HOUNTY	STATE.
BP		305191	12/27/87	DOYN J	acub Cémetar	1 tinksburg	Carro	11 MD
DHMH - 16 50M 4/83	24 F	UNERAL DIRECTOR	F 111 .3 A	DDRESS 1100 201	sters bunglo DAV	E REC'D. BY REGISTRAR 736	REGISTRAR'S SIC	NATURE
(VRA 15, 4)	170	Drew Memorial	Tuneral Herne, Inc	Lano,	MU ZIZY LIE	030198/49	THE THINKS	1

DIESER TILLIE B STARK 12 25 27 WETEN 1 2091=2-1 BALT ASKEMBLE GATY ELECTIFY ELECTIFY ELECTIFY CALL MARK STOR SALE BAN CREET VILLENCE MAD LEWISE COURS FROM CHARLE SIT-20-PHY ALKER STOLY WILLIAM STOLE STOLE MYSCHEROLD CHENTER IS MINUTED ZUKEK C. COSECHA KHAMMUSENSEMBERANA ETAN. TAME AND THE PROPERTY OF THE PARTY OF THE PA ZYJ) W OW TO SEE THOU Service State of the service of the CERCO DE LA SECULIA DE LA CONTRA LA MILTON BEKINSTEINED TO SAD 2 TAKEN IN BARRIMAS NO 24215 Burgh Court I day to the land of the state of the court of the

			OF MARYLAND			
	FOR STATE REGISTRAR		ALTH AND MENTAL HYGIE CATE OF DEATH	7 2	5 2 5	8
5 DEC 211	GEASED NAME FIRST	MIDDLE LA	ŠT .	REG.SNO	MONTH DAY YEAR	2b HOUR
e (TYP	Shirley	Jean Stan	ten		12 15 8	7 6 AN
3. SE		RACE S. DATE OF	BIRTH 6	. AGE (IN YEARS LAST BIRTH	IDAY IF UNDER 1 YEA	
70. B	Female	Black MONTH	29 47	40	YRS.	S HOURS MIN.
	COUNTRY)	115 1	LI NEVER MARRIED	BALTIMORE CITY OR	COUNTY OF DEATH	
100	TITY OR TOWN OF DEATH	. NAME OF HOSPITAL, NURSING HOME OF (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	OTHER INSTITUTION	20 USUAL OCCUPATIO	ON PU KIND WORKING LIFE) INDUSTR	OF BUSINESS OR
OSU	saltimore 1	Vorth Charles Gene	ral Hosp.	TYPE OF WORK FOR MOST OF	tenance	
136.	STATE DESIDENCE (IF NURSING HOME OR OT	HER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13 CITY OR TOWN 13 LA CHOCK	134. INSIDE CITY LIMITS?	30. STREET ADDRESS	stead Str	vet 21218
2E 14. F	ATHER'S NAME FIRST MIC	DIE LAST ,	15. MOTHER'S MAIDEN NAM	MIDDLE		LAST .
	Vassie	Davis	40114	M.	5+0	iten
	WAS DECEASED EVER IN U.S. ARME (YES, NO OR UNKNOWN) (IF YES, GIVE W		17 INFORMANT	ADDRES	()	101-
	NU	142-12-0515	William Ma	CK 1443	Homestead	STEER
event, the	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED I	one couse per line for 10), (b), and (c).) BY: MASSIVE INT	RACEREBRI	11 HEMOI	RRHAG - BETWEE	OXMATE INTERVAL IN ONSET AND DEATH
	IMMEDIATE	CAUSE (o)				. 0.00
froumotic		DUE TO, OR AS A CONSEQUENCE OF	ALCOHOLISM	1		
to oto	Conditions, if any, which gove rise to immediate	() CHRONIC I	1200110151			
or other	couse (o), stoting the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF				
		(c)				
No No	PART Z. OTHER SIGNIFICANT CO	NDITIONS <u>CONTRIBUTING TO DEATH</u> BUT N	NOT RELATED TO THE TERMIN	IAL DISEASE OR COND	ITION GIVEN IN PART	110.
ATIO	19s DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION	I WAS PERFORMED	20g AUTOPSY?	206. IF YES, WERE FINI	OINGS USED
IIIICA TIRICA				YES TI NOW	IN CERTIFYING CAUS	ES OF DEATH?
18 shows ony injur	21g. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY OCCURRE			
- P (S)	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DAY YEAR P.M. 19	ALC: THE			
d or Item	21d. INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION	4.00	This order to	
morked	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	STREET	CITY OR TOW	N COUNTY	STATE
E	22a.1 certify that (I) (this hospital) ottended the deceased from	2/5/19-5	, to	2/15/19 81	, that (I (we) lost
21 is	sow the decrosed olive on obove, (I) (we) (did) (did not) v		that in (my) (our) opinion de	oth occurred on the dot	te and hour and from t	
E E	226. SIGNATURE		EGREE		22c. DA	TE SIGNED,
4-	A.C. Chou	rollit, M.D.	ATTENDING PHYSICIAN	MEDICAL STAFF	and 13	: 15/87
3	22d. PHYSICIAN'S NAME (TYPE OR P	RINT)	22e. ADDRESS		1	
MPORTAN	A.C. CHOU	VALIT, M.S.	NORTH C	HARLES G	EN. HOS	۲.
230.	BURIAL, CREMATION, REMOVAL (SPECIFY)	236. DATE 23c. NAME OF CE	METERY OR CREMATORY	23d LOCATION CITY OF TOWN	COUNTY	STATE
	BURIAL	12/21/87 EASTVIEW		DUNDALK C	0.,	MD
11/81	UNERAL DIRECTOR	ADDRESS	25a DATE	REC'D. BY REGISTRAR 2	Sh. REGISTRAR'S SIGN	ATURE DE
WM	1. C. MARCH F/H,	INC. 1101 E. NORTH	AVENUE TEG	1 9 198/	The state of the s	8.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN X (TYPE OR PRINT) ESTI-Wilbur Edgar Sr. DEATH MATED 20 1987 Stea 5. DATE OF BIRTH 4. RACE AGE (IN YEARS IF UNDER 24 HRS 2d HOUR PRONOUNCED Aug.10, 1923 White DEAD Male 64 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED Balto. Md. U.S.A. Baltimore City DIVORCED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY FOR MOST OF WORKING LIFE TETITED MACHINIST Union Memorial Hospital Baltimore CrownC. &Sea 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 30 STATE Baltimore Perry Hall 4110 Perry View Rd. 21236 Maryland NOX YES [FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Eichler Edgar Stea Marie ADDRESSForest Hill, Md. 16h SOCIAL SECURITY NO 17. INFORMANT ba. WAS DECEASED EVER IN U.S. ARMED FORCES? W.W.1 218-14-5510 Mr. Thomas B. Steg, 2503 Bradview Lane 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH Arteriosclerotic cardivoascular disease IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NO X 71a EXTERNAL CAUSE WAS 216 TIME OF INJURY TIE HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (ATHOME. 211. LOCATION STREET, FACTORY, FARM, ETC.) CITY OF TOWN COUNTY WHILE AT WORK Inspection X 22a I certify that I taak charge of the remains described above, held an Autapsy and in my apinion

AGE 4 SHOULD BE FOR D FUNERAL DIRECTOR: 07/84

25M

DHMH - 17

(VR A15 ME (5))

death resulted from

ACTUAL

SIGNATURE EXAMINER'S NAME

(TYPE OR PRINT)

Burial

Mario F. Golle, Jr. M. DODRESS.

111 Penn St 23d. LOCATION

Hamicide

TITLE (SPECIFY)

Assistant

Balto.MD.

230. BURIAL, CREMATION, REMOVAL 236. DATE St.MichaelLuth.Church Cem. Perry Hall Balto. 12-23-1987

Undetermined monner

24. FUNERAL DIRECTOR E.F.Lassahn, 11750BelairRd.Kingsville, Md.21087

Natural causes K

256 REGISTRAR'S SIGNATURE

12/20/87

STATE OF MARYLAND

DEPA

FOR STATE REGISTRAR			DEPARTA			ID MENTAL F DEATH	HYGIE	7 3 3	2	5	0
EASED NAME	FIRST	N	AIDDLE	l.	AST		T	REG. NO	DAY	YEAR	26 HOUR
OR PRINT)	ena			5	teir	1		12-	22-	87	5 AM
		RACE		5. DATE C	F BIRTH		6	AGE (IN YEARS LAST BIRTHDAY)	IF UNDER	RIYEAR	IF UNDER 24 HRS
emale	(2aucz	SIAN	MONTH 12	-05	-189	6	91 YR	MONTHS	DAYS	HOURS MIN.
THPLA RUSS TA	FOREIGN 76	CITIZEN OF	WHAT COUNTRY?	8 AAA BOIS	NEV	ER MARRIED	- P	BALTIMORE CITY OR COUN	ITY OF DE	ATH	
KWKKKKKK		240	S. A.	WIDOWE	,	DIVORCED		CITY OF DA	Him	120	MD
Y OR TOWN OF DE	ATH 1	. NAME OF H	OSPITAL, NURSIN	G HOME C		NSTITUTION	1	2410UNG PACHPACIÓN		KIND OF	F BUSINESS OR
altimor.	e L	RUINDS	ale Gen	aten	Hom	e & Hos	alm.	AAXAXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		AT H	IOME
L RESIDENCE (IF NURS	136 COUNT		12 CITY OR TOW		13d INSID	E CITY LIMIT	5?	36 STREET ADDRESS ZIP CO		An	e 2/2/
THER'S NAME					15. MOTH	ER'S MAIDE	NAME			7. 0	
LAZER	AAI	DOLE	SHAMU	S	C	hay o		Sorah	U	nKr	nown
AS DECEASED EVER		ED FORCES?	166 SOCIAL SECU	RITY NO.	17_INFOR	MANT TIME		ADDRESS	-		
ND	(# 165 One !	THE OR DAILES!	214-200	1972	AL	BERT S	TEI	N 6506 GARDENW	ICK R	D. 2	21209
18 CAUSE OF DEAT			'	dico						APPROXIA	MATE INTERVAL
	IMMEDIATE		PROBABL	E A	TTW	MyD	CAR	DIAL INFARKT	100	H	25
Conditions, if any gave rise to improve (a), statis	mediate ng the	(d) F	RAS A CONSEQUE	clier	277	carai	010	sube Diss	15.5	_	Long
underlying cause	tost.	(c)									
				0 4		- 1 1		ALDISEASE OR CONDITION	GIVEN IN P	ART Ira	
1060030		_	AFTUL		71	CHOL	5 C+	1-1-01-01	VEC MERE	EM ID In I	0.000
19a DATE OF OPERA	TION	140 CONDI	TION FOR WHICH	OPERATIO	N WAS PE	KFORMED		YES NO	YES, WERE RTIFYING C YES [AUSES	OF DEATH?
21a ACCIDENT WAS UN OR CONTRIBUTING	CAUSE OF DEATH	21b. TIME O HOUR A./	M. MONTH D	YEAR	21c. HOV	V INJURY O	CURRE	D (ENTER NATURE OF INJURY IN ITEM	18 PART I ORT	PAR1 2)	
21d. INJURY OCCUR	RED	21e PLACE			211. LOC			CITY OR TOWN	COL	INITY	STATE
WHILE NOT WE	FIRE	(AT HOME STR	EET FACTORY OFFICE	ARM ETC)	51	1998	-	7		INIT	STATE
22a.1 certify that		4 60	-	1	1-1-	19	87	, to 12-77	. 19_8	7.1	hat 11 We last
saw the deceas above (D)we) (did) (did hall)	new the bady	after death	PT, or	nd that in (my (our) op	ınian de	oth accurred an the date and	hour and fr	om the c	auses stated
226. SIGNATUR	0				DEGREE				220	DATES	SIGNED
18	1 un	ymo.		(20	PHYSICIA		MEDICAL STAFF DIRECTOR PHYSICIAN	1	12-	22-87
224 PHYSICIAN'S N.	AME TYPE OF I	forty.			22e ADD					3	ALTO
7 -	1 .	1 0			1 24	24	()	287 16 10/20	121.		

PORTANT BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

23a. BURIAL, CREMATION, REMOVAL 23b. DATE BURIAL

FOR

- STATE REGISTRAR G ECEASED NAME

YEX KYAYX POKINX YXXX

LIFICATION

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

USUAL RESIDENCE

14 FATHER'S NAME

3. SEX

23c NAME OF CEMETERY OR CREMATORY

23d LOCATION CITY OF TOWN

24 FUNERAL DIRECTOR SOL LEVINSON & BEROS., INC. 6010 REISTERSTOWN RD. BALTO, MD 21215

VCCO

12/24/87

BETH YEHUDA ANSHE KURLAND CEM-BALTO

The state of the s reference was dispersion of the second secon Louis and the second of the se The transfer desired of the state of the sta that it was and have been also will also be a second The state of the s SO SE EXPLORATION OF THE PERSON OF THE PERSO and the second second second second

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

neg	- 7
1	REG. NO.

DATE OF DEATH AMONE DAY THAT DAY DAY THAT DAY DAY THAT DAY DAY THAT DAY DAY DAY DAY DAY DAY DAY	REGISTRAR	CERTIFICATE OF DEATH	8 7 REG. No. 5 2 5
1. SEX MALE 4. RACE 5. DATE OF BRITTH AND	DECRASED NAME FIRST MI	DDLE LAST	20. DATE OF DEATH MONTH DAY YEAR 26. HOUR
The BIRTHPLACE ISLANICORDISCON. TO BE STATE OF THE COUNTY THE CHIVE STORE CO	30H N	R. STEINHILBE	R 12 30 87 1:07
BRITHPACE	3. SEX 4. RACE		
MARRED NEVER MARRED NOWED BALTIMORE CITY MM MOVED DWORKED DWORKED BALTIMORE CITY MM MOVED DWORKED DWORKED DWORKED BALTIMORE CITY MM MOVED DWORKED	4		
MEXILLATORT REN IN CITY OR TOWN OF DEATH IN COUNTY I		HAT COUNTRY?	9 BALTIMORE CITY OR COUNTY OF DEATH
IS CITY OR TOWN OF DEATH IS AMMED OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION THE OWN OF HOSPITAL NURSING HOME OR OTHER INSTITUTION THE OWN OWN FROM 154 INDUSTRY IS AN ALL IN OUR IN OUR IN OUR IS AN ALL IN OUR IN	Man and the second seco		ロットー・ハイののた の・デング
SULAL RESPONCE (# PULLING COUNTY OF RESPONSESSOR) 136. STATE 137. CITY OR TOWN MARY LAMP BALTIMORE 138. CITY OR TOWN MARY LAMP BALTIMORE 139. STREET ADDRESS 139. MOINT STREET ADDRESS 139. MOINT STREET ADDRESS 149. STREET ADDRESS 159. MOINT STREET ADDRESS 1		OSPITAL, NURSING HOME OR OTHER INSTITUTIO	N 120. USUAL OCCUPATION 126. KIND OF BUSINES.
BOULD RESIDENCE IN UISMORDOM ON ON THE ROTEUTION ON PERSONNEL REFORMANT ADMISSORY MARY LIGHT BATTERY NAME ILEST MODIE LAST MODIE L	KAITINGEE	CLS SOOH KEU	
MARYLLAND BALTIMORE VEST NO BY THE ADDRESS NO BY THE ADDRESS NO BY THE ADDRESS NAME (15. MOTHER'S MADERNAME (15. MOTHER'S MADE			
IN FATHER'S NAME INSTITUTE OF THE PROPERTY OF	1.44		
SECRED EVER IN U.S. ARMED FORCESS 148 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 17. 17. INFORMANT 17. INFORMANT ADDRESS 17. INFORMANT 17. INFORM			
166 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO. 17. NFORMANT 17. NFORMANT 18. NOTITION WAS DEATH 18. NOTITION WAS DEATH 18. NOTITION WAS DEATH 18. NOTITION 18. NOTI		EAST FIRST	
CAUSE OF DEATH (Enter only one couse per line for (a)), (b), and (ct.) PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (b) SUID DEATH WAS CAUSED BY, IMMEDIATE CAUSE (c) SUID DEATH WAS CAUSED BY, IMMEDIATE CAUSE (d) SUID DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d)			
SECURE OF DEATH (Enter only one couse per line for (a), (b), and (c).	(YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	17.0	ADDRESS
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) SUDDEN VENTRICULAR FIRRILLIATION DUE TO, OR AS A CONSEQUENCE OF (b) CORONARY ARTERY DISEASE Conditions, if ony, which gave rise to immediate couse (o), stoling the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in SEVERE CHRONIC US ATRUCTIVE PULMONARY PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in SEVERE CHRONICS USED IN CERTIFICIAL CONDITION FOR WHICH OPERATION WAS PERFORMED 218. ACCIDENT WAS UNDERSTING 218. ACCIDENT WAS UNDERSTING OB CONTRIBUTING CAUSE OF DEATH (# ETHER, NOTHY MEDICAL EXAMINER) P.M. 19 218. PLACE OF INJURY 19 ALWORK ALWORK ALWORK 219. PLACE OF INJURY 19 218. LOCATION SIRET CITY OR TOWN COUNTY STATE 226. ADDRESS 227. DATE SIGNED 227. DATE SIGNED 227. DATE SIGNED 228. ADDRESS 228. ADDRESS	ues wwit	118-12-2669 Gertrude	
DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a), storting the underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 SEVERE CHRONIC DISTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 SEVERE CHRONIC DISTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 SEVERE CHRONIC DISTRIBUTION TO BE AT RULTIVE PULMONARY TO DEATH TO THE PROPERTY TO THE PROPERTY TO THE PROPERTY TO THE PART 1 OR PART 10 19th. DATE OF OPERATION TO THE CHRONIC DISTRIBUTION WAS PERFORMED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 TO THE PART 1 OR PART 1 TO THE PART 1 OR PART 2) 21b. ACCIDENT WAS UNDERLYING CAUSES OF DEATH OF CONTRIBUTION TO THE CONTRIBUTION TO THE PART 1 OR PART 2) 21c. ACCIDENT WAS UNDERLYING TO THE PART 1 OR PART 2) 21d. INJURY OCCURRED (ENTER NATURE OF INJURY INTER 18 PART 1 OR PART 2) 21d. INJURY OCCURRED (ENTER NATURE OF INJURY INTER 18 PART 1 OR PART 2) 21d. INJURY OCCURRED (ENTER NATURE OF INJURY INTER 18 PART 1 OR PART 2) 21d. HOW, SIREE, FACTORY OFFICE, FARM, ETC. 21d. LOCATION SIREE, FACTORY OFFICE, FARM, ETC. 21d. LOCATION SIREE CONTRIBUTION OF THE CONTRI	18. CAUSE OF DEATH (Enter only one couse per li	ne for (a), (b), and (c),)	APPROXIMATE INTERVA BETWEEN ONSET AND DE
DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate course iol, stofing the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ID SEVERE CHRONIC OBSTRUCTIVE PULMONARY DISEASE OR CONDITION GIVEN IN PART 1 ID SEVERE CHRONIC OBSTRUCTIVE PULMONARY DISEASE OR CONDITION GIVEN IN PART 1 ID 198. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 189. AUTOPSY? 189. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NOW YES NOW 199. AUTOPSY? 189. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NOW 198. AUTOPSY? 189. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NOW 198. AUTOPSY? 198. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NOW 198. AUTOPSY? 198. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NOW 198. AUTOPSY? 198. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NOW 198. AUTOPSY? 198. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NOW 198. AUTOPSY? 198. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NOW 198. AUTOPSY? 198. AUTOPSY? 198. AUTOPSY? 198. AUTOPSY? 198. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NOW 198. AUTOPSY? 1	IMMEDIATE CAUSE (a)	UDDEN VENTRICUL	AR FIRRILLATION
Conditions, if any, which gove rise to immediate couse (o), stoting the underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to SEVERE CHRONIC OBJECT ULTIVE PULMONARY DISEASE OR CONDITION GIVEN IN PART 1 to SEVERE CHRONIC OBJECT ULTIVE PULMONARY DISEASE OR CONDITION GIVEN IN PART 1 to SEVERE CHRONIC OBJECT OR CAUSES OF DEATH? 199. DATE OF OPERATION 199. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING OR CONSIDERATION OR COUNTY STATE 210. ACCIDENT WAS UNDERLYING OR CAUSE OF DEATH OF SITURY HOUR A.M. MONTH DAY YEAR OR COUNTY OR COUNTY STATE 211. ACCIDENT WAS UNDERLYING OR CAUSE OF DEATH OF SIRREST OR COUNTY STATE 212. ACCIDENT WAS UNDERLYING OR CAUSES OF DEATH? 213. ACCIDENT WAS UNDERLYING OR CAUSES OF DEATH? 214. INJURY OCCURRED 200. A.M. MONTH DAY YEAR POWER OF INJURY INTERNIB PART I OR PART 2) 215. TIME OF INJURY OF CURRED 200. A.M. MONTH DAY YEAR POWER OF INJURY INTERNIB PART I OR PART 2) 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY INTERNIB PART I OR PART 2) 215. LOCATION STREET CITY OR TOWN COUNTY STATE 216. HOW INJURY OCCURRED (INVERTIGATION OF INJURY INTERNIB PART I OR PART 2) 216. LOCATION OR CAUSE OF DEATH OF INJURY INTERNIB PART I OR PART 2) 216. LOCATION OR CAUSE OF DEATH OF INJURY INTERNIB PART I OR PART 2) 216. LOCATION OR CAUSE OF DEATH OF INJURY INTERNIB PART I OR PART 2) 216. LOCATION OR CAUSE OF DEATH OF INJURY INTERNIB PART I OR PART 2) 216. LOCATION OR CAUSE OF DEATH OF INJURY INTERNIB PART I OR PART 2) 216. LOCATION OR CAUSE OF DEATH OF INJURY INTERNIB PART I OR PART 2) 216. LOCATION OR CAUSE OF DEATH OF INJURY INTERNIB PART I OR PART 2) 216. LOCATION OR C			
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to SEVERE CHRONIC OBSTRIBUTION TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to SEVERE CHRONIC OBSTRIBUTION TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to SEVERE CHRONIC OBSTRIBUTION TO SET IN OFFICE OF INJURY OR CONTRIBUTION OF OR WHICH OPERATION WAS PERFORMED 196. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSES OF DEATH? YES NOW YES NOW OF THE MEDICAL EXAMINERS OF DEATH? OR CONTRIBUTING CAUSE OF DEATH (# EITHER, NOTWY MEDICAL EXAMINERS) 216. INJURY OCCURRED 2176. INJURY OCCURRED 218. IN			RY DISEASE
Underlying couse lost. (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) SEVERE CHRONE OBSTRUCTIVE OUL MONARY DISEASE OF CONDITION GIVEN IN PART 1 (a) 196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? 126. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NOW	gave rise to immediate		
SEVERE CHROUL OBSTRUCTIVE PULMONARY DISEASE 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NOW 210. ACCIDENT WAS UNDERLYING OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 210. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 210. INJURY OCCURRED 210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211. INJURY OCCURRED 212. INJURY OCCURRED 213. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 214. INJURY OCCURRED 215. SIGNATURE 216. INJURY OCCURRED 217. INDURY INTEM 18 PART I OR PART 2) 218. TORROWN COUNTY STATE ATTENDING MEDICAL STAFF ATTENDING MEDICAL STAFF 226. ADDRESS 226. ADDRESS 226. ADDRESS	DOL TO, OR	AS A CONSEQUENCE OF	
SEVERE CHROUL OBSTRUCTIVE PULMONARY DISEASE 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NOW 210. ACCIDENT WAS UNDERLYING OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 210. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 210. INJURY OCCURRED 210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211. INJURY OCCURRED 212. INJURY OCCURRED 213. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 214. INJURY OCCURRED 215. SIGNATURE 216. INJURY OCCURRED 217. INDURY INTEM 18 PART I OR PART 2) 218. TORROWN COUNTY STATE ATTENDING MEDICAL STAFF ATTENDING MEDICAL STAFF 226. ADDRESS 226. ADDRESS 226. ADDRESS	PART 2 OTHER SIGNIFICANT CONDITIONS COM	NTRIBUTING TO DEATH BUT NOT RELATED TO THE	F TERMINIAL DISEASE OF CONDITION CIVEN IN PART 1:-
OR CONTRIBUTING CAUSE OF DEATH P.M. 19 21d INJURY OCCURRED WHILE ATWORK AWARDORS 220 I certify that (I) (this hospital) ottended the deceosed from 1 1 9 PM, 1930/12/1/10 10 PM, 1930/12/1/10 ID PM, 1930/12/10 ID PM, 1930/12/1/10 ID PM, 1930/12/1/10 ID PM, 1930/12	Z SEVERE PURAL		
OR CONTRIBUTING CAUSE OF DEATH P.M. 19 21d INJURY OCCURRED WHILE ATWORK AWARDORY 220 I certify that (I) (this hospital) ottended the deceosed from 1 1 9 PM, 1930/12/70 10 7 30 / 2, 1982, that (I) (we) lost saw the deceased alive an 10 30 / 2 19 PM, and that in (my) (our) opinion death accurred on the dole and hour and from the causes stated obove. (I) (we) (did) (did not) view the body after death. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN'S NAME (TYPE OR PRINT) 226. ADDRESS A DOLL A DOLL AND STAFF 226. ADDRESS	A 190 DATE OF OPERATION 190 CONDIT		
OR CONTRIBUTING CAUSE OF DEATH P.M. 19 21d INJURY OCCURRED WHILE ATWORK AWARDORY 220 I certify that (I) (this hospital) ottended the deceosed from 1 1 9 PM, 1930/12/70 10 7 30 / 2, 1982, that (I) (we) lost saw the deceased alive an 10 30 / 2 19 PM, and that in (my) (our) opinion death accurred on the dole and hour and from the causes stated obove. (I) (we) (did) (did not) view the body after death. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN'S NAME (TYPE OR PRINT) 226. ADDRESS A DOLL A DOLL AND STAFF 226. ADDRESS	2	STATE OF ENAMED WAS TEN OWNED	IN CERTIFYING CAUSES OF DEATH
OR CONTRIBUTING CAUSE OF DEATH P.M. 19 21d INJURY OCCURRED WHILE ATWORK AWARDORY 220 I certify that (I) (this hospital) ottended the deceosed from 1 1 9 PM, 1930/12/70 10 7 30 / 2, 1982, that (I) (we) lost saw the deceased alive an 10 30 / 2 19 PM, and that in (my) (our) opinion death accurred on the dole and hour and from the causes stated obove. (I) (we) (did) (did not) view the body after death. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN'S NAME (TYPE OR PRINT) 226. ADDRESS A DOLL A DOLL AND STAFF 226. ADDRESS	MI 11- ACCIDENT WAS INDESTRUME TO 114 TIME OF	NULLEY TO A PARTY OF	
P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21f LOCATION STREET CITY OR TOWN COUNTY STATE	HOUR AM		CCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)
WHILE ALWORK NOT WHILE ALWORK NOT WHILE ALWORK NOT WHILE ALWORK NOT WHILE ALWORK NOT WHILE ALWORK NOT WHILE ALWORK NOT WHILE ALWORK NOT WHILE ALWORK NOT WHILE NOT	(IF EITHER, NOTIFY MEDICAL EXAMINER) P.M.	. 19	
22a certify that (i) (this hospital) ottended the deceased from 1:9 PM, 1930/12/710 1:57 30 /12, 1982, that (i) (we) lost sow the deceased alive an 1:07 30 /12 19 27, and that in (my) (our) opinion death occurred on the dole and hour and from the couses stated obove. (i) (we) (did) (did not) view the bady after death. 22b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHY	21d INJURY OCCURRED 21e. PLACE O		CITY OR TOWN COUNTY STA
sow the deceased olive an 1:07 30/12 19 27, and that in (my) (our) opinion death occurred on the dole and hour and from the couses stated obove. (I) (we) (did) (did not) view the body after death. DEGREE A C L J M D ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR	WHILE NOT WHILE	1, FACTORI, OFFICE, FARM, ETC.)	
saw the deceased alive an 1:07 30/12 19 27, and that in (my) (our) opinion death occurred on the dole and hour and from the causes stated obove. (1) (we) (did) (did not) view the body after death. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN 2012 12 30/87 27d. PHYSICIAN'S NAME (TYPE OR PRINT)	220.1 certify that (I) (this hospital) ottended the	deceased from 7:19 PM 193	30/12/87,0 1:67 30 /12 1987 that (1) (we
276. SIGNATURE 276. SIGNATURE DEGREE MD ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHY	saw the deceased alive an 1:07 30	112 19 8 7, and that in (my) (our) of	
226. PHYSICIAN'S NAME (TYPE OR PRINT) ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICI		ner deam.	
22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS	Ac AC L		ING MEDICAL STAFF
Acros to the state of the state	224. PHYSICIAN'S NAME (TYPE OR PRINT)		INITED AND THE STATE OF THE STA
TAMINOCA TOUTT KEY MEDICAL PENTER	Man DA II		SINGE LEV MENTE
	236 BURIAL, CREMATION, REMOVAL 236, DATE	T. T	

BP.

(SPECIFY)

Crimation

24 FUNERAL DIRECTOR DHMH - 16 50M 1/B1 (VRA 15, 4)

FOR

nast be natified at ance.

edica

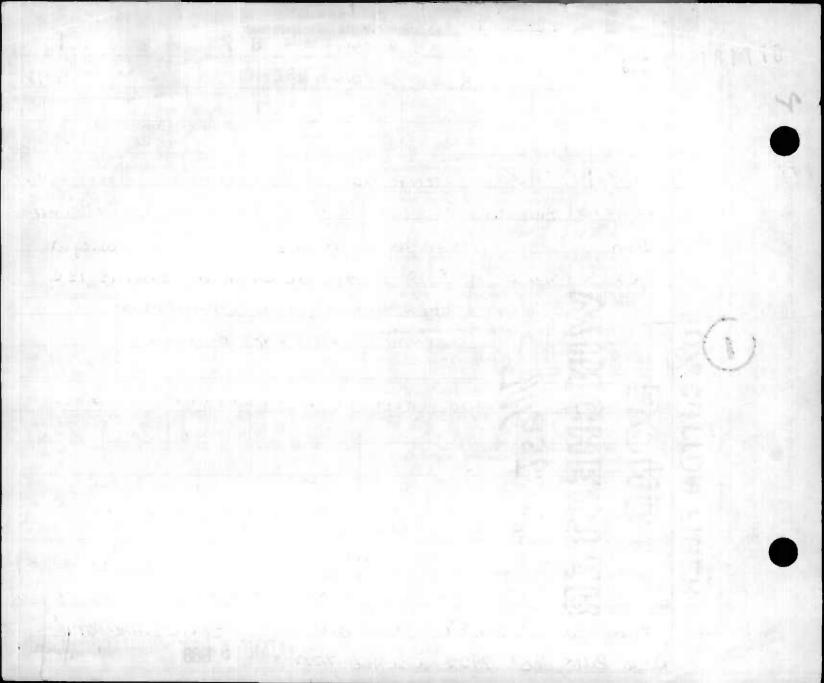
IMPORTANT: If them 21 is marked or them 18 shows ony injury, or a

popers. Poge

Westview

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR SIGNATURE

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR SIGNATURE



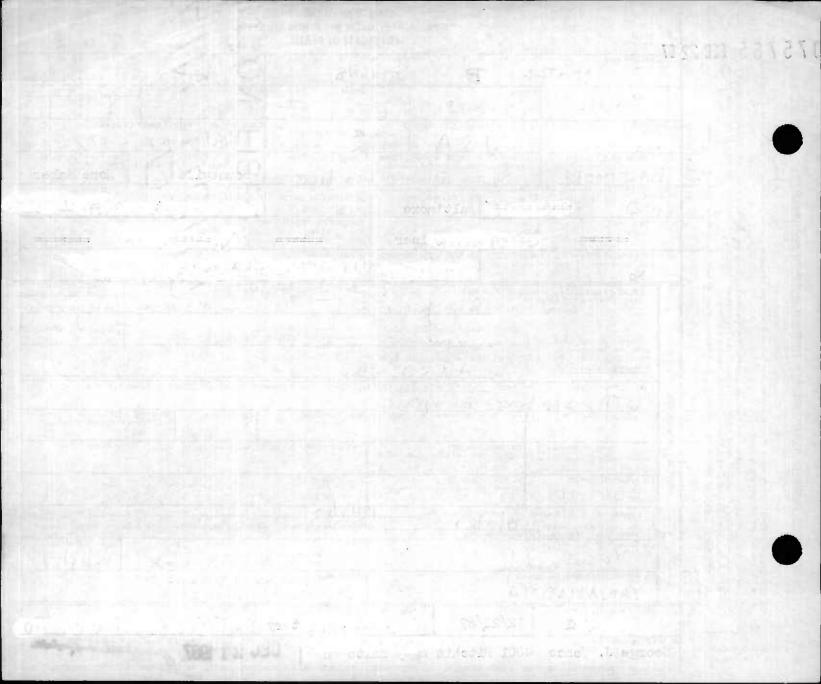
STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	8

175	7.6.5 DEC 22	87	STATE REGISTRAR			CERTIF	ICATE OF DEATH	8 7 REG. NO	3 5	2 6	2
3.0	. 00 411		OR PRINT	es C	MIDDLE	0	AST	20. DATE OF DEATH	MONTH DAY	YEAR 2	N HOUR
	oy be death		OR PRINT) MYRT	LE	B	STEV	ENS	12/19/	57		10-20 AM
	ma.	3. SE		4 RACE		5. DATE C		6. AGE IN YEARS LAST BIRT	HDAY) IF UN		IF UNDER 24 HRS
	s of		JEMALE	W	STIH.	MONTH	99 05	82	YRS.	HS DAYS	HOURS MIN.
	Po Po	70 BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUN	TRY? 8	El visus visasis II	9. BALTIMORE CITY O		DEATH	
	nerol d	1	Maryland	1 1)	.S. A	WIDOWE	DEVER MARRIED DIVORCED	BALTIM	022 C	2/1/1	MD
И	with with	10. CI	TY OR TOWN OF DEATH			JRSING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATION	ON I	26. KIND OF	BUSINESSOR
5	15 50 40		BALTIMORS.	SAL	CHEACILITY, GIVES		GEN- HOSP.	Housewife	WORKING LIFE)	Home	Maker
21201	De per		AL RESIDENCE (IF NURSING HOME		M. GIVE RESIDENCE	BEFORE ADMISSION)					
AND	24 Ellie 24				Baltin		13d. INSIDE CITY LIMITS? YES ☑ NO □	3620 St V	ictor S	treet	21225
YLA	ithin thin	14. FA	THER'S NAME				15. MOTHER'S MAIDEN NA	ME	4 - 1 -		
AAR	Po du o	1	FIRST	WIDDIE	Kasi Kasi	aiser	FIRST	MIDDLE		LAST	=====
RE, A	5 0 0			RMED FORCES?	_	SECURITY NO.	17 INFORMANT	ADDRE	SS		
BALTIMORE, MA	e execu	1,	res, no or unknown) (IF yes, G	GIVE WAR OR DATES)	212-26	-5522	Dorothy Anu	szewski Sa	me as 1	3e	
ALTI	te be		18 CAUSE OF DEATH (Enter of	only one cause ne	r line for (a) (b	n and ici 1	outry put morten				ATE INTERVAL
80	phys pag pag nave		PART I. DEATH WAS CAUS	SED BY:	8.00	1: 1	90 = 311	phumos	Ma.	Ox L	Y LAGILLY
Z S	ing rbor		IMMEDIA	ATE CAUSE (a)	(X	A 10 1-DL	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	N. CO	1 1	- VIO WAT
STO	tend tend on, o		Canditions, it any, which	DUE TO, C	OR AS A CONS					genna	alad
ox an	he de		gove rise to immediate couse (o), stating the	(6)							
201 W. PRESTON ST.,	by the same of the other		underlying couse last.	DUE 10, C	A CONS	EQUENCE OF	RS				
201	2 Per 5 9		PART 2 OTHER SIGNIFICANT	CONDITIONS	ONTRIBUTING			INAL DISEASE OR CONI	DITION GIVEN I	N PART 1/a	
ZDS,	sign Then p to bu	No	UTI: C)		Pop bo						
0	beer mit.	AT	190 DATE OF OPERATION				N WAS PERFORMED	20s AUTOPSY?	20b. IF YES, WE		
DIVISION OF VITAL RECORDS,	/	CERTIFICATION						YES TO NOTA	IN CERTIFYING		PEATH?
VITA	Ns. The hysicion coate hy Hygien 118 show	E E	21a. ACCIDENT WAS UNDERLYING			DAY VEAD	21c. HOW INJURY OCCUR		Y IN ITEM IB PART I	ORPART 2)	
o A	YSICIAN: ding physics s certificat burial-from Mental Hys	¥.	OR CONTRIBUTING CAUSE OF D		.M. MONTH	DAY YEAR	Date South				
NO	HYS or It	MEDICAL	21d. INJURY OCCURRED	21e PLACE	OF INJURY		211. LOCATION	CITY OR TO	WN	COUNTY	STATE
NSIN ISIN	G P offer fl s the	Z	WHILE NOT WHILE AT WORK	(AT HOME SI	TREET, FACTORY, OF	FICE, FARM. ETC.)) /	CITORIO		COUNTY	31016
۵	Africa Se o		22a.1 certify that (1) (this has	pitol) ottended ti	he deceased fr	om	9/13/87, 19	, to	, 19	, the	ot (I) (we) lost
	TOR TOR		sow the deceased alive a above, (I) (we) (did) (did r		187	19 or	nd that in (my) (our) opinion	death accurred on the do	ite and hour one	d from the ca	uses stated
	OR A birect oched Dept.		226. SIGNATURE	IOI VIEW THE BOO	y arier dearn.		DEGREE			22c. DATE SK	GNED
	7 - 7 - 0 -		Takem	adolo			ATTENDING PHYSICIAN [MEDICAL STAF	F IAN DO	18/19	187
		1	224. PHYSICIAN'S NAME (TYPE				1	OUTH HANOS		1 - 1	- 5
	TO HOSPITA eroined by TO FUNERA should be de with the Stort		YANAMAR	DALA			BALTIMOIZE	MD-21230			
	Of Odd MA		URIAL, CREMATION, REMOVA	1 23b DATE	I	23; NAME OF C	EMETERY OR CREMATORY	23d. LOCATION			
	BP		Burial	12/22	/87		Hill Cemetery	Baltimo	re n	ATA.	Md
		24 51	INERAL DIRECTOR			A .	I - DAY	E DECID DY DECISTRAD	OT DECISTOAD	5 510111700	

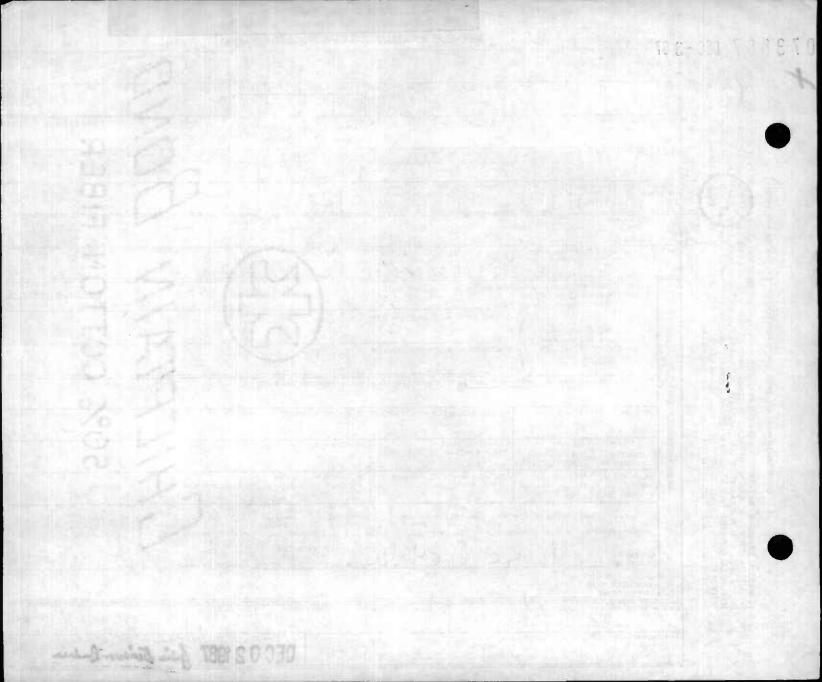
DHMH - 16 60M 7/84 (VRA 15, 4)

FOR

George J. Gonce 4001 Ritchie Hgwy Balto Md DATE REC'D. BY REGISTRAR'25b. REGISTRAR'S SIGNATURE



		It	ems, 18a	, 21	a22a.	, G-634, 12	/21/87	by STA	TE OF	ARYLAN	ND						etima (
			FOR Med.				DEPART	MENT OF	HEALTI	AND M	ENTALH			-		pulls.	
738	6 7 DEC -	b G	PEGISTRAR			MEI		EXAMIN	NER'S	CERTIFIC	CATE	F DEA	TH	REG. W	ю.	0 3	
120	O I DEC.	TYI	CEASED NAM	E	FIRST		MIDDLE			LAST	- 114		20 DATE OF	KNOWN I	MONTH	DAY YEAR	R 25 HOUR
r	2000 A S E				Darryl				Ste	ewart				MATED [11-	28 1987	7 M
	E STEER STEER	3 SE		4. RAC		5 DATE OF BIRTH	YEAR	6 AGE (IN Y			IF UNDER		21. DATE		MONTH	DAY YEA	1:30
	S S S S S S S S S S S S S S S S S S S	1	ale	Bla	ick	07-22-6		27 1	RS.	DATS	HOURS	/ MIN.	DEAD		11-	28 1987	7 a. "
-	SEE SEE		RTHPLACE (S	TATE OR		76 CITIZEN OF WH	AT COU	VTRY?	8 MARR	IED NE	VER MARR	IED 🗌	9 BALTIM	ORE CITY	OR COUNT	TY OF DEATH	
•	SAN SAN	B	alto.,	Md.		USA			WIDOV		DIVORC			imore			MD
0	2 T R R R R R R R R R R R R R R R R R R	V	ITY OR TOWN		ATH	11. NAME OF HOS	CILITY, GIVE S	STREET ADDRESS)				120 USU	AL OCCU	PATION (TY	PE OF WORK	126 KIND OF OR INDU:	BUSINESS STRY
1	South A	2	Baltimo			North Ch				Mospit	al				1		
102	70348	13a S	AL RESIDENCE TATE	(IF IN NU	RSING HOME OF	OTHER INSTITUTION, GIV	13c. CITY	OR TOWN	ION	13d INSIDE C	ITY LIMITS?	13e STRE	ET ADDRE	SS	Mar. 113	2121	8
- 7	A ARE JU		ryland		Balti	more	Ba	ltimor	e	YES X	NO 🗌	350	01d	York	Road	D-10(1	0
SALTIMORE, MD. 2120	1-200	100	ATHER'S NAME			MIDDLE		LAST		IS. MOTH	R'S MAIDI	ENNAME	M	IDDLE		LAST	
ORE	SES SE		William			н.	Stew			Ide	ssa					Rogers	
TIM	MANAGER 1	100. V	VAS DECEASEI	D EVER	(IF YES, GIVE V	VAR OR DATES)	1350	CIÂL SECURI		17 INFORA	MANT			ADDRES	S		
BAL	A SO PAGE		Yes			-1983		-84-00	39	Ides	sa St	ewari	30	11 Ma	tthew:	s Avenu	
ST.	8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8		18 CAUSE O	F DEAT	H (Enter only	one couse per line BY:										BETWEEN ON	ATE INTERVAL
NO	A SECOND		799			E CAUSE (a)	_	narcoti		xicatio) (1						
PRESTON	HY WO		Condition	ns if a	ony, which	DUE TO, OR	AS A COI	SEQUENCE	OF								
W. Pg	WITH NCIINEI NAN ITAL		gove ri	se to	immediate the under-	(b)						10.7					
201 V	AEN WEN		lying cau		The under-	DUE TO, OR	AS A COI	NSEQUENCE	OF								
	TO SECUL	J.	PART 2 OTHER CO	CHICLEAN	T COMOUTIONS C	(c)ONTRIBUTING TO OEATH I	NIT NO 2 BF1							1.2%			
DIVISION OF VITAL RECORDS,	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEN PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALON TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PER AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGEIS BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAI	z	TAKE 2 OTHER SE	UNITICAN	COMULTIONS	ON INTENTING TO USAIN	BUT MUT KEL	AIRU IU IHE IERA	MINAL DISEAS	E OR CONDITION	N GIVEN IN PA	RTIO					
A CO	MEAL CREAT	CERTIFICATION	190 DATE OF	OPER/	ATION	TINK CONDIT	ION FOR	WHICH OPE	MATION	AS DEDECT	MED 2					I20 AUTOPS	WA.
TAL .	PHIEF HIEF	FIC.				- Incombin	OTTOK	WITHCIT OF EI	(ATION VI	ASTERIOR	MED:						
2	WO SE CHANGE	ERT	210. EXTERNA			21b. TIME OF			121c H	OW INJURY	OCCURRE	D (ENTER N	ATURE OF INJ	URY IN ITEM 18	PART LOR PAR	YES XX	NOL
OZ	A THE COLUMN THE COLUM	ALC	UNDERLYING CONTRIBUTION		OR Prima	HOUR A.M	MONTH	DAY YEA	R 87	Subject				Ditt in the interest	7 411 7 61 7 41	., .,	
isio	PRIO PRIO	MEDICAL	21d INTURY C	CCLIR	RED	21e PLACE C				CATION	used	urogs					
5	VRITION VRITIO	¥	WHILE AT WORK	NOT	WHILE X	STREET, FACT	ORY, FARM, E	TC.)		TREET 5 01d Y	lark Dr	nad I	corvor rov Baltim		COF	YINE	Maryland
	E, V RWA STA STA), 21					(1)				sy XX							riar y rant
	ANE THE ANE					of the remains desc					Inspection		Inquiry		nd in my op	inian	
	REC REC VITH VRYL		death result	ea tram	Noture	al couses 🔲,	Accident	(1)	arcide		ide 🔲	Undete	rmined mo	inner [X],			
	W. V.		ACTUAL SIGNATURE		MI	White	The	4600	L.	ASS	istan	t			DATE	11-2	28-87
	ORE STATE	1	SIGNATURE.		100	1	Jui	1,44		.D,		MEDI	CALEXAM	INER	SIGNE	D 11 2	0 07
	MER DAN HER DA	-	EXAMINER'S (TYPE OR PRI	NAME	Marg	arita A.	Kore	11, M.	D.	ADDRESS_	111	Penn	St.,	Balto	o., Mo	d. 212	01
	PAT PAT -	23o. B	URIAL, CREMA		EMOVAL 23	b DATE	23¢ 1	NAME OF CE	METERY C			123d. LO	CATION				
07/84	BP 893	(5	B.	uria	al	12-03-87		arrison				CITY C	RTOWN	re. Ma	COUN		STATE
25M	DHMH - 17		UNERAL DIREC											R 254 REG	ISTRAR'S S	IGNATURE	
	(VR A15 ME (5))	Br	own/The	omps	son Fu	neral Hom	e P.	O. Box	443	3	DEC	021	987	Chilin d	Devider	Kandas	



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR A SEASED NAME 20. DATE KNOWN OF ESTI John DEATH MATED XX Stewart 5 DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED DEAD 12 19 W 14 68 TO BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) WIT U.S.A. Baltimore City, WIDOWED DIVORCED FILED, 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 178 USUAL OCCUPATION (TYPE OF WORK 1176, KIND OF BUSINESS OR INDUSTRY (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) FOR MOST OF WORKING LIFET Baltimore 1215 S. Hanover Street USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 113e STREET ADDRESS 136 COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 1215 S. HANOVER MD. BALTIMORE YES X NO [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE CIRCY MIDDLE 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? IN SOCIAL SECURITY NO. ADDRESS CIE YES GIVE WAR OR DATEST 217-07-5456 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I DEATH WAS CAUSED BY Peritonitis IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCINE PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINED TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT THE REALTH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR PENO Conditions, if any, which Perforated Bowel gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. Cancer of Large Bowel PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY 21d INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE AT WORK CITY OR TOWN COUNTY 22s I certify that I took charge of the remains described above, held an Inspection

07/B4

DHMH - 17 (VR A15 ME (5)) 23a BURIAL, CREMATION, REMOVAL 23b DATE

Natural causes

EXAMINER'S NAME Mario F. Golle, Jr., M.D.

death resulted from

ACTUAL

SIGNATUR

23c NAME OF CEMETERY OR CREMATORY

STATE OF MARYLAND

236. LOCATION

Undetermined manner

111 Penn St., Balto., Md.

COUNTY STATE

21201

YES X

STATE

25 HOUR

3 : 03

P. M

10 87

19 87

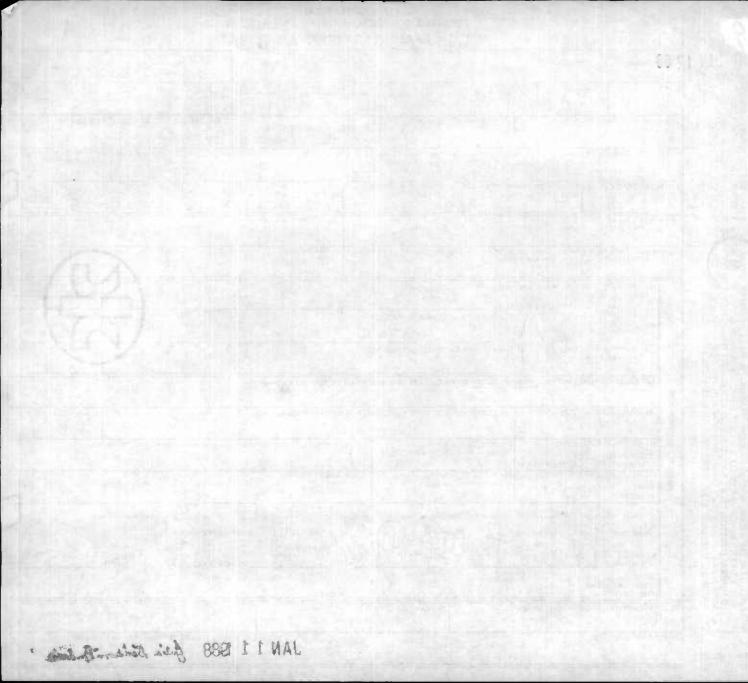
1-5-88 Removal 24 FUNERAL DIRECTOR

State Anatomy Board Balto. Md

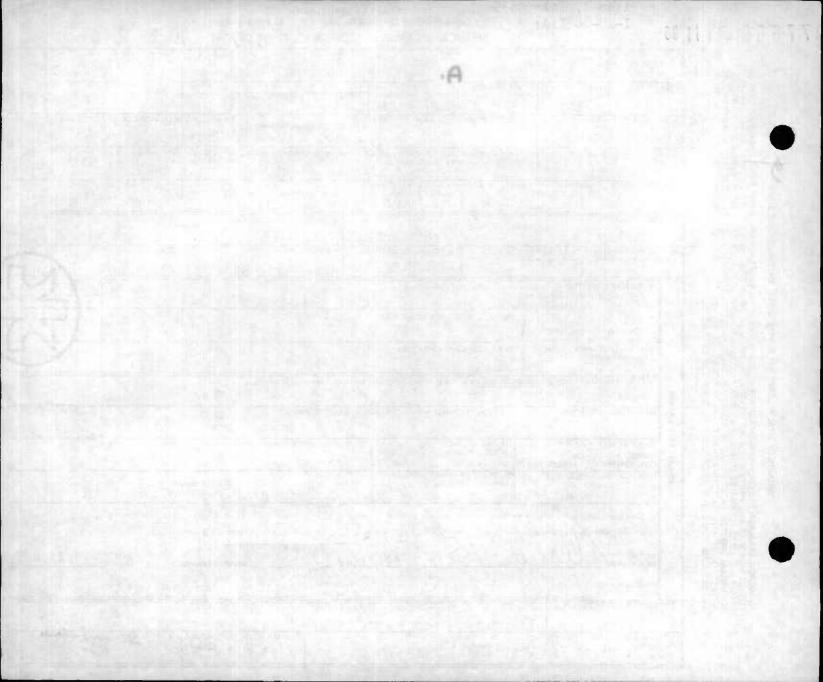
Homicide ____

Assistant.

TITLE (SPECIFY)



				, film			STATE OF A	MARYLAND					
76 F	O IAM II	22	FOR 1-27-5	38 I:J:				AND MENTAL H	YGIENE	· 9 2**	0		
100	O OWN II	100	REGISTRAR		MEL	DICAL EXA	MINER'S		FDEATH	REG. NO.	La &) 3	
			CEASED NAME	Jonatha	an	WIDDLE		LAST	2a. DATE I	KNOWN -		DAY YEAR	
	ASE JRS.			Johnat	inan)	A.		tewart	DEATH	MATED X		5/19 8	141
	STE SE	3. SE	4 RAC	E	5. DATE OF BIRTH	YEAR LAST	E (IN YEARS IF UN	DER I YR. IF UNDER	24 HRS. 2t. DATE MIN. PRONOUN		AONTH D	DAY YEAR	24 HOUR.
	S S S S S S S S S S S S S S S S S S S			ack	5 5	1955	32 YRS.	THOUSE THOUSE	DEAD				87 P M
	RAL RAL MIN Y	7a. B	RTHPLACE (STATE OR PREIGN COUNTRY)		Legan of WH	Alien	8. MARR	IED X NEVER MARRI	9. BALTIM	ORE CITY OR	COUNTY	OF DEATH	
	SAN	Kil	iston Jama		. U S A	ATTON	WIDOW		□ Balt	imore (11 1174	MD.
h	SE GE C	10. C	ITY OR TOWN OF DE	ATH	11. NAME OF HOSE	PITAL, NURSING	HOME, OR OTH	IER INSTITUTION	12a. USUAL OCCUP	ATION (TYPE OF	WORK 12h	OR INDUS	
(0)	1. IF ANY DELAY IS NECESSARY, PLEASE 2, AND 3 TO THE FUNEAL DIRECTOR. 1.3. RETAIN PAGE 5 FOR YOUR FILES. 2. SHDULD BE FILED, WITHIN 72 HOURS ALL RECORDS, 201 W. PRESTON STREET,		Baltin	more	3112 Fe	erndale	Ave.		unemple	oyed			
- 5	ANN ANN ORD		AL RESIDENCE (IF IN NI	IRSING HOME OR				13d. INSIDE CITY LIMITS?	13. STREET ADDRES	\$5			
212	ANNA	1.50.0	Md			Baltimo	ore	YES NO	3940	Oakfor	d Ave	enue 2	1215
9	1. IF	14. F.	ATHER'S NAME		MIDDLE			15. MOTHER'S MAIDE	NNAME	IDDLE		1467	
m,	PAND 2		Gilbert		WIDDLE	Ste	wart	Lucille	٧. "	Dote	H	lanson	1
BALTIMORE, MD.	FTER DA FOR SES 1	16a. \	WAS DECEASED EVER	IN U.S. ARM	ED FORCES?	166. SOCIAL SE		17. INFORMANT		ADDRESS			
E	SS AFTER GIVE PA (ITH FOR PAGES I	1	ES, NO, OR UNKNOWN)	(IF YES, GIVE W	AR OR DATES)	219-76-	-5193	Rose Marie	Stewart	3940	Oakf	ord A	venue
	# ~ \$ _ O .	F	18 CAUSE OF DEA	TH (Enter only	one couse per line	far (a), (b), and (c).)	TROSC Hai IX	. Jeewar e	3340		APPROXIMA	ATE INTERVAL
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	OL SER.		PART I DEATH V	VAS CAUSED	BY: CAUSE (o)	(-), (-), (le Stabwour	nds		-	BETWEEN ON	SET AND DEATH
ō				IMMEDIATE		AS A CONSEQU						0.32	
SE SE	WITHIN 24 ENCIL IN IT AINER ALC TRANSIT P VTAL HYG OR REMOV		Canditians, if		4.5								
×.	₹2558		gave rise to couse (a) stating	g the under-	DUE TO, OR	AS A CONSEQUE	ENCE OF		72			1 00	
201	SHOULD BE EXECUTED WITH DRD "PENDING" IN PENCIL CHIFF MEDICAL EXAMINER EUSED AS A BURIAL TRANS TOF HALTH AND MENTAL IN URIAL, CREMATION, OR REA		lying cause last	<u>:</u>	(c)								
DS,	ANK		PART 2 OTHER SIGNIFICAL	NT CONDITIONS CO		UT NOT RELATED TO 1	HE TERMINAL DISEAS	E OR CONDITION GIVEN IN PAR	T 1 (a)				
Ö	D BE EXECT PENDING: MEDICAL AS A BUR FAITH ANK	Z											
- M	L GARAGE	1 E	19a. DATE OF OPER	ATION	196 CONDIT	ION FOR WHICH	OPERATION W	/AS PERFORMED?	Mary -		2	0 AUTOPS	Υ?
IA	WORD WORD OF CHIEF	F										YES 🔀	NO []
) F	S CERTIFICATE SHOULD RITING THE WORD "PE RDED TO THE CHIEF A E 3 SHOULD BE USED. E DEPARTMENT OF HE OI PRIOR TO BURIAL, O	CERTIFICATION	21a. EXTERNAL CAL		216 TIME OF	INJURY	21c. He	OW INJURY OCCURRE	ENTER NATURE OF INJU	JRY IN ITEM 18 PAR	T 1 OR PART 2)		
N	ANT NEW YORK		UNDERLYING CONTRIBUTING	OR CAUSE OF DE		MONTH DAY	YEAR S	ubject four	nd stabbed	in va	n		
ISIC	ERTII NG I SH FPA FPA	MEDICAL	214 INJURY OCCUR	RED	21e PLACE C	FINJURY (ATH	OME, 211 LO	CATION					
Š	THIS CHARTE WARDE PAGE 3	2	WHILE NOT	WHILE K		ory, farm, etc.) arked at		2 Ferndale	Ave. Bal	to. Ci	tv. Me	d.	STATE
	E. THIS CER TE, WRITIN RWARDED PAGE 3 S STATE DEP (), 21201 PR					11		1971					
	A S S S H S	L		1.1	of the remains dev	piped objec, hel	d on Autop	Inspection			п ту аріпіа	in	
	RIFE BEC		death resulted from	Naturo	1 courses	Accurate	Picition		Undetermined mo	nner .			
	₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩		ACTUAL /	1011	100-012	Must	6 N/	ASSISTANT			DATE	1/1	/88
	2 H S A H S H		SIGNATURE		me /	1 1	- Jun	P COSTBORIN	MEDICAL EXAM	INER	SIGNED_	1/1	700
	AED SUN SUN SUN SUN SUN SUN SUN SUN SUN SUN		EXAMINER'S NAME	Denn	is F. Smy	th, M.D.			Penn St.	Balt	O M	d. 21	201
	TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: P AFFER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2	23n B	URIAL CREMATION				OF CEMETERY C			, bare	- 11	u. 21	201
			SPECIFY)		1/8/88		lawn Cen		23d. LOCATION CITY OR TOWN Baltimo	20	COUNTY	N	STATE Md
07/B4 25M	BP		Burial UNERAL DIRECTOR					25a. DATE R			RAPASIGA		ASS.
	DHMH - 17 (VR A15 ME (5))		m. 6. Marc	h F/H	West 4300	Wabash	Avenue	IAN	EC'D. BY REGISTRA	June of	,		
	(4K WID ME (D))							1 A1.		1			



076617 SDEC	los es		DEDAD	STATE O	F MARYLAN		NE *** Ån			
or oor 1 Sere	PL STATE REGISTRAI	0		EXAMINER			ATH 12	5 2	6 6	4
	1. DECEASED N		MIDDLE	- L//A/IIIIVEK	LAST	5 7	20. DATE KNOW	G, NO.	DAY YEAR	Zb HOU
BRASH	OR PRINT)	Raymon	d 3		Stokely		OF ESTI-			
AND SERVICE SERVICES	1. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS	- 4	IF UNDER 24 HRS.		MONTH	-27 19 87 DAY YEAR	24 HOU
N STREET	m	106	MONTH DAY YEAR 30	YRS.	MONTHS DAYS	HOURS MIN	PRONOUNCED DEAD	12-	-27 19 87	8:18
SEE SEE	7a. BIRTHPLACE	(STATE OR	76. CITIZEN OF WHAT COU	NTPV2	ARRIED T NEV	ER MARRIED	9. BALTIMORE C	ITY OR COUNT	Y OF DEATH	
ASSES -	Eliganera		454		DOWED	DIVORCED [ore City	7,	M
S S S S S S S S S S S S S S S S S S S	Balti	more		street ADDRESS)		FOR	SUAL OCCUPATION MOST OF WORKING LIFE		OR INDUST	
ANNY DANNY DANNY DANNY DOUBLE COURT	USUAL RESIDEN	. 13b. COUNT		TY OR TOWN	13d. INSIDE CIT	Y LIMITS? 13e. STI	REET ADDRESS	BE AUX	212	12
C C C C C C C C C C C C C C C C C C C	14 FATHER'S NA FIRST	4.5	MIDDLE E / 4	LAST	F10	R'S MAIDEN NAM	MIDDLE		LAST	
ALTEMO NAFTERED NAFTE	16a WAS DECEA (YES, NO, OR UN	ASED EVER IN U.S. ARM	VAR OR DATES)	CIAL SECURITY NO	. IT INFORM	ANT		RESS	nce 10	F
HOURS WITE BY WATER PARTY WE DIV	18 CAUS		one cause per line for (a), (b), and (c).)					APPROXIMATI BETWEEN ONSE	
ALORA OVA		IMMEDIAT	DUE TO, OR AS A CO		cararov	discurar_	Disease			
SENSE E		itions, if any, which	(b)							
× ×××××××××××××××××××××××××××××××××××	couse	(a) stating the under-	DUE TO, OR AS A CO	NSEQUENCE OF		19-19-14				
2 H	lying	couse lost.	(c)							
RECORDS, LD BE EXEC PENDING: MEDICAL D AS A BUIL HEALTH AN CREMATI		R SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT NOT RE	LATED TO THE TERMINAL D	ISEASE OR CONDITION	GIVEN IN PART 1 (a)				
TAL RECC HOULD BE RD "PEND HIEF MED USED AS, OF HEALT	19a. DATE	OF OPERATION	19b. CONDITION FOR	WHICH OPERATIO	N WAS PERFORM	AED?			2D AUTOPSY	2
Z Z C C W F	Ē								YES 🗆	NO M
DIVISION OF VITAL S CERTIFICATE SHOU RITING THE WORD " ROED TO THE CHIEF RES SHANULD BE USE RESPARTMENT OF P EDPPARTMENT OF P EDPPARTMENT OF P EDPPARTMENT OF P		RNAL CAUSE WAS ING OR UTING CAUSE OF D	21b. TIME OF INJURY HOUR A.M. MONTH P.M.	H DAY YEAR	HOW INJURY O	OCCURRED LENTER	NATURE OF INJURY IN IT	EM 18 PART 1 OR PAR	T 2)	
BIVISION OF VETTING CERTIFICATE TE, WRITING THE WING RWARDED TO THE E, PAGE 3 SHOULD B STATE DEPAGATMEN S, 21201 PRIOR TO B	WHILE AT WORK	NOT WHILE AT WORK	21e PLACE OF INJUR STREET, FACTORY, FARM,	Y (AT HOME, 21)	LOCATION		CITY OR TOWN	cou	INTY	STATE
M < 0 5 4 5		ertify that I took charge sulted from: <u>Noture</u>	e of the remains described ob al couses X Accident		A Homicia		Inquiry,	and in my op	inion	
CALEX THE CEI SHOULD SHOULD SEATH, W	ACTUAL SIGNATU	HE MAI	nd Tylk	Me of	A.D ASSI	stant_med	DICAL EXAMINER	DATE SIGNEI	12-28-	87
TO MEDICAL EXAMIN EXECUTE THE CERTIFIC PAGE 4 SHOULD BE F TO FUNERAL DIRECT AFTER DEATH WITH ITH BALTMORE, MARYLAN			F. Golle, Jr				St., Balt	o., Md.	21201	
07/84 BP	24 FUNERAL DI			MAME OF CEMETER	inn	13	OCATION ORTOWN A 6-9 M 69			30
DHMH · 17 (VR A15 ME (5))			on Coopersh E.	inen s	<i>+</i>	DEC 3 O	Y REGISTRAR 25b	ha Davida	Conde	£ .



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after de retained by the hospital or attending physicion. TO FUNERAL DIRECTOR. After this certificate hos been about the mile death of the completely filled in by the funshalby beginned for use as the buricipal priority permit. The contamination of removal. IMPORTANT: If hem 21 is marked or them 18 shows only in the minimatic event, the medical examiner must be notified at

J. DECEASED NAME FIRST MIDDLE LAST Ze. DATE OF DEATH	NO.
(IVPE OR PRINT)	12 21 87 420 PM
3. SEX MALE ARACE CAUCASIAN MOSEPT. DAY 26, 1912 75	I BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAY'S MOURS MIN. YRS.
THE HIRTHPLACE ISTATE OR FOREIGN TO COUNTRY MARYLAND 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED X NEVER MARRIED WIDOWED DIVORCED D	Y OR COUNTY OF DEATH
10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12. USUAL OCCUP, (IF NOTING SUPER PARTITION OF STREET ADDRESS)	ATION 126. KIND OF BUSINESS OR INDUSTRY
USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 INSIDE CITY LIMITS? 136 STREET ADDRES MARY LAND BALTO. 13708 BEE	SS / ZIP CODE
THE FATHER'S NAME FIRST LOUIS STOLER 15. MOTHER'S MAIDEN NAME FIRST LOUIS STOLER LENA	
166 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADD (YES, NOR UNKNOWN) (IF YES, GIVE WAR OR DATES) 218-07-5825 IDA STOLER 3708 BEECH	AVE. 21211
18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE ID. Cardiac anel	APPROXIMATÉ INTERVAL BETWEEN ONBET AND DEATH
USUAL RESIDENCE (IF NURSING-HOME OR CHIEF INSTITUTION ONE RESIDENCE BRIGHT BUTCH BUT	
THE RESERVATION INJURY OF COURTED AND INJURY OF CONTRACT OF THE PROPERTY OF TH	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
210. ACCIDENT WAS UNDERLYING 210. HOW INJURY OCCURRED (ENTER NATURE OF IN HOUR A.M. MONTH DAY YEAR 19. ACCIDENT WAS UNDERLYING 210. ACCIDENT WAS UNDERLYING WAS	NJURY IN ITEM 18 PART 1 OR PART 2)
OF THE PROPERTY OF THE PROPERT	RIOWN COUNTY STATE
220.1 certify that (1) (this haspital) attended the deceased from 12/20, 19 87, to 12/21 saw the deceased alive an 12/21 19 57, and that in (my) (our) opinion death occurred on the above, (1) (we) (did) (did not) view the body after death. DEGREE ATTENDING MEDICAL SERVICES	
	TAFF SICIAN 12/21/87
DR. DONNA DOW UNION MEMORIAL HOSP	ITAL
136. BURIAL, CREMATION, REMOVAL 136. DATE 136. NAME OF CEMETERY OR CREMATORY 136. LOCATION	DALE BALTO MD
	AR 25b. REGISTRAR'S SIGNATURE

CONTRACTOR OF THE PARTY OF THE

076268

1 - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 7

3 5 2) 5 3

6262 no	00	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.				
0 2 0 0 05	L DE	OR PRINTS	MIDDLE	IASI	20 DATE OF DEATH MONTH DA	Y YEAR 26 HOUR			
oge 3 death	,,,,,	GERAI	LD R	STOUFFER	DECEMBER 21,	1987 4:40 m			
E a è	3. SE	X	RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	UNDER I YEAR IF UNDER 24 HRS			
rector	1	Male	White	March 8,1930	57 YRS	INTHS DAYS HOURS MIN,			
Po Po Po	7a. B	RTHPLACE (STATE OR FOREIGN 7	b. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY OF DEATH				
de d	1	It. Lena, Md.	U. S. A.	WIDOWED DIVORCED		RE CITY MD.			
or the Tribled with	E	BALTIMORE	THE JOHNS HOS	G HOME OR OTHER INSTITUTION ADDRESS) PKINS HOSPITAL	120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE) Engineer Assisst	126 KIND OF BUSINESS OR INDUSTRY Telephone Co			
filled in food of food	130	laryland wash	ington Boonsbor	YES NO	13e. STREET ADDRESS / ZIP CODE	21713			
omplerely and 2 s	N.F	GIENN "	I. Stouffe	is mother's maiden na Eillie	Mae S	StottTemyer			
medical	160 Y	VAS DECEASED EVER IN U.S. ARM	an Conflict 215-	-26-8616 Mrs.WI	ADDRESS Rfd.	2 Box 337 Boonsboro, Mo			
hysicio popers iovol.		18 CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED	y ane cause per line far (a), (b), and	sen Hermatiun		BETWEEN ONSET AND DEATH			
ng p Don rem		IMMEDIATE	CAUSE (o)	em Action con		12-24 hours			
death of the office of the off	NO	Conditions, if any, which	DUE TO, OR AS A CONSEQUE	NCE OF 1055A metrost	ases	14 days			
Months Dy the Section of creme		gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE	NCE OF M Clandust of	BIMN -	142.			
n signed The Political		PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO D	SEATH BUT NOT RELATED TO THE EN	NINAL DISEASE OR CONDITION GIVER	N IN PART I IO			
The flow rion. I hos been if permit items prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTIFYI	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \ NO \			
physic ph		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT		Y YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18 PAR	T I ORPART 2)			
PHYSIC ending this ce se buric ad Men	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 21e PLACE OF INJURY (AT HOME, STREET FACTORY, ONLICE, FA	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE			
off off orker	_	AT WORK AT WORK							
TENDI or TOR A for use of Heal		22a. I certify that (I) (this haspite saw the deceased alive an	12/21 108	7 , and that in (my) (aur) apinian	death accurred on the date and hour of	that (li (we) last			
R A hosp hosp hed hed ept.		obove, (1) (we) (did) (did not) 22b. SIGNATURE	view the body after death.	DEGREE		224 DATE SIGNED			
AL O AL D Jetocl ore Do		Christopher (Jus Legetton	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	12/21/87			
IOSPIT ned by funer the Str		224. PHYSICIAN'S NAME (TYPE OR		22e ADDRESS	HH. 2.11	10 20 5			
retoined should be with the	12- 1		T.W.B. Leggett n			0 24205			
BP	730 E	BURIAL, CREMATION, REMOVAL SPECERS	12-24-87 Mt	. Lena Cemetery	Mtv. Pena, Wash	rinCo., Md STATE			
DHMH - 16 60M 7/84 (VRA 15, 4)		John H. Bast, Jr	st Funeral Home Boonsboro		EC 2.4 1087 Lilia	AR'S SIGNATURE			

Oille street street iou eronoule, . deales respirat magnetical de siffil melloca il meslo THE LAND AS SAUDE OF

Market Losses, Jr. State 11 Carls . 12 June 12

A CONTROL OF STREET STREET, ST

injury, ar other troumatic event, th

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

* {	En	2	5	
REG. NO.	~	Cont		

REGISTRAR		CLI	MILLO	DLAIII	0 /	REG. NO.				
1. DECEASED NAME FIRST	MID	DLE	LAST		2a DATE OF DE	ATH MONTH	DAY	YEAR	26 HOUR AM	
Emma	M	1.	Stover			12	6	87	11:25 м	
3. SEX	4. RACE		ATE OF BIRTH	MEAD	6 AGE (IN YEARS	LAST BIRTHDAY	MONTHS.	DAYS	IF UNDER 24 HRS HOURS MIN.	
Female	White		4 3	1899	88	Y	rs.	DAIS	Mila.	
70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	16 CITIZEN OF WE	M/	ARRIED NEVE	R MARRIED	9. BALTIMORE	CITY OR CO	UNTY OF DE	HTA		
Maryland	U.S.A	VID.	OWEDX	DIVORCED [Baltim	ore Ci	ty		MD.	
18 CITY OR TOWN OF DEATH		SPITAL, NURSING HO		NSTITUTION	12a. USUAL OCC			KIND O	F BUSINESS OR	
Baltimore		Green Nurs		3	Homema	ker				
USUAL RESIDENCE (IF NURSING HOME (130. STATE 130. CO.	INTY 13	E. CITY OR TOWN		E CITY LIMITS?	13e.STREET ADD	RESS / ZIP	CODE			
	alto.	Baltimore	YES 🔀	NO 🗌		eswick	Rd.	2121	1	
14 FATHER'S NAME FIRST	MIDDLE	LAST		ER'S MAIDEN NA		IDDLE		1.45	1	
Frederick		Maisel		atie			Shoe	emak	er	
160 WAS DECEASED EVER IN U.S. A	RMED FORCES? 16	SOCIAL SECURITY	NO. 17 INFOR	MANT		ADDRESS				
No -	2	218 01 8303	Will:	Lam J. S	tover 10	28 Kno				
18 CAUSE OF DEATH (Enter of	anly one cause per lin			SY OF				APPROXIMET WEEN C	MATE INTERVAL	
PART I. DEATH WAS CAUS	ATE CAUSE (a)	Cardiac /	hrrest					1411) uter	
	DUE TO OR A	S A CONSEQUENCE	OF /	A						
Conditions, if any, which	((b)	Coronacy	Arten	018	eure					
gove rise to immediate cause (a), stating the	3 2115 70 00 4	5 + 50 155 0 15 155	35							
underlying cause last.										
PART 2 OTHER SIGNIFICANT	CONDITIONS CON	TRIBUTING TO DEATH	BUT NOT RELA	ED TO THE TERM	AINAL DISEASE OF	R CONDITION	V GIVEN IN I	PART luc		
	PART 2 OTHER SIGNIFICANT CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIV									
190 DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	196 CONDITIO	ON FOR WHICH OPER	ATION WAS PER	FORMED	20s AUTOPS			VERE FINDINGS USED		
TEI					YES N	OF	ERTIFYING (G CAUSES OF DEATH?		
210. ACCIDENT WAS UNDERLYING			21c HOW	INJURY OCCUR	RED (ENTER NATURE			PART 2)		
	EATH	MONTH DAY Y	EAR							
OR CONTRIBUTING CAUSE OF D OR CONTRIBUTING CAUSE OF D OR CONTRIBUTING CAUSE OF D OR CONTRIBUTING CAUSE OF D	21e PLACE OF		211 LOCA							
WHILE NOT WHILE AT WORK	(AT HOME, STREET	FACTORY, OFFICE FARM, ET	STI	REET	CI	TY OR TOWN	CO	YTAUG	STATE	
22a I certify that This has	pital) attended the a	deceased from	Oct	19 81	to	12	6 19 5	.7	that (It (we) last	
saw the deceased alive of	11	19 87	and that in (ny Dour) opinion	death accurred or	n the date and	d hous and I	iom the	couses stated	
27h EiGNATURE	not) New the body of	ter death.	DEGREE				22	C DATE !	SIGNED	
When !	1 Oran	el .		ATTENDING PHYSICIAN	MEDICAL DIRECTOR [STAFF		17-	8-87	
220 PHYSICIAN'S NAME (TYPE	OR PRINT)	-	22e ADDI		DIRECTOR	MISICIANE		, 0		
Dr. Richard	Diamond		37	30 Falls	Road 21	211				
23a BURIAL, CREMATION, REMOVA		I 23c NAME	OF CEMETERY C		123d LOCATIO					
Burial	12/09/8				rkParkvi	Charles	ol to	Man	STATE	
24 FLINERAL DIRECTOR	12/03/0	Liorer	and rend	125a DAI	THE REC'D BY REGI	STRAPISE DE	GISTRAP'S	SIGNATI	y Land	

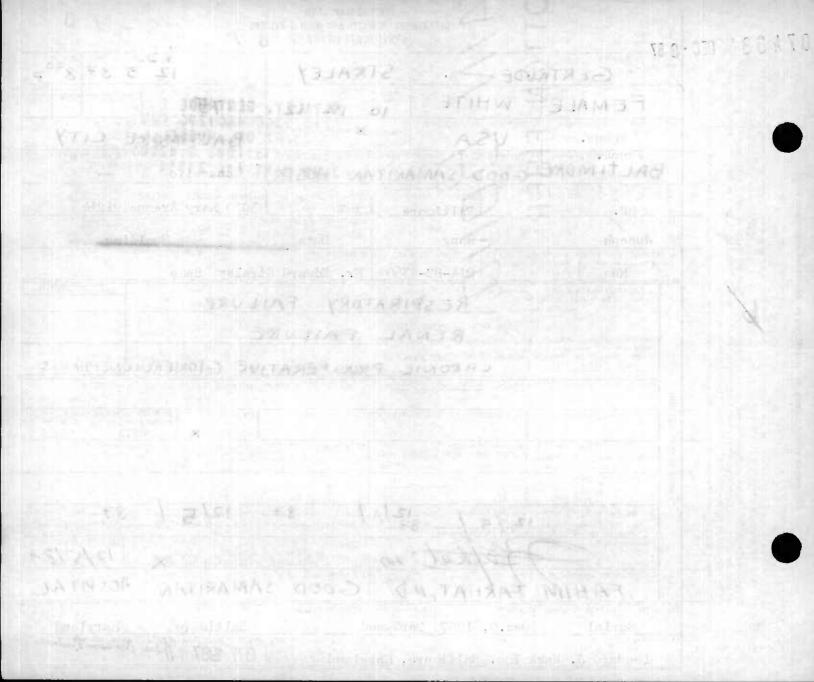
DEC - 9 1987

Burgee-Henss Funeral Home 3631 Falls Rd. 21211

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

		1			S1	ATE OF MARYLAND			0
071.		1.	FOR STATE			F HEALTH AND MENTAL	HYGIENE	5 5 2 /	U
07433	4 DEC	B	PEGISTRAR		CER	TIFICATE OF DEATH	REG. N	0. , ,	- 1
, m	_		CEASED NAME FIRST	MIDDL		LAST	20. DATE OF DEATH	MONTH DAY YEAR	26 HOUR
poge,	deod		GERTA	RUDE	E.	STRALEY		12 5 37	8 PM
C .	0	3. SE	parties and the same of the sa	4 RACE		TE OF BIRTH	6. AGE (IN YEARS LAST BIR	MONTHS DAYS	IF UNDER 24 HRS
ge 4	0 20		FEMALE	WHI		10 12 12		YRS.	
9 4 6 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2 - 37 /		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHA	T COUNTRY? 8.	RIED MEVER MARRIED		R COUNTY OF DEATH	~~~\/
deoth	10 72 min 72		Penna.	USI		WED DIVORCED	The Part of the Control of the Contr	MORE CI	MD MD
ter o	Kith Kith	10 C	TY OF COMESCONE DEATH		PITAL, NURSING HOA	NE OR OTHER INSTITUTION	120. USUAL OGCUPATE	ION = 12b KIND C	OF BUSINESS OR
201 rs of by t	thed the	-	BALTIMORE	GOOD	SAMARI		D. Housewi:	e industry	
BALTIMORE, MARYLAND 2120 the be executed within 24 hours	d be		AL RESIDENCE (IF NURSING HOME OF		RESIDENCE BEFORE ADMISSI	ON) 13d INSIDE CITY LIMIT:	S? 13e STREET ADDRESS	/ ZIP CODE	1
AND			Nd.	В	altimore	YES 🔀 NO 🗌		Avenue 21214	ł
RYL # J.	12.5	14. F/	ATHER'S NAME FIRST	MIDDLE	LAST	15. MOTHER'S MAIDEN	NAME	ŁAS	Ţ
AM A	11		Joseph	R	ang	Emma		Spalding	440
ORE,	dical		VAS DECEASED EVER IN U.S. AR	MED FORCES? 16b	SOCIAL SECURITY N	D. 17 INFORMANT	ADDRI	SS	
TIMC	P B		NO NO		14-82-9360	Mr. Edward	d Straley San	ae	
BAL	10 H		18. CAUSE OF DEATH (Enter or	D DV			DE LE VALLE	BETWEEN (MATE INTERVAL ONSET AND DEATH
	emo		PART 1. DEATH WAS CAUSE IMMEDIA	TE CAUSE (a)	RESPIR	ATORY F	ALLURE		
PRESTON ST.	or r or s			DUE TO, OR AS	A CONSEQUENCE O	F			
de n	ation, o froumat		Conditions, if any, which	(b)	RENAL	- FAILU	J R C		
the the	l, cremo		gove rise to immediate couse (a), stating the	DUE TO, OR AS	A CONSEQUENCE O	F			
thot t	ol, cr r oth		underlying couse lost.	(c) CH	RONIC	PROLIFER/	ATIVE GION	<i>AERULQNEPH</i>	18ITIS
DIVISION OF VITAL RECORDS, 201 NG PHYSICIAN: The low requires th offending physicion. ffer this certificate has been signed b	buring, a		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTE	RIBUTING TO DEATH	BUT NOT RELATED TO THE	TERMINAL DISEASE OR CON	DITION GIVEN IN PART 14	0
ORD requ	The ring	CERTIFICATION							
Per Se Per	prior s ony is	CA	19a DATE OF OPERATION	19b. CONDITION	N FOR WHICH OPERA	TION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDIN IN CERTIFYING CAUSES	OF DEATH?
AL F	Show	4 ₺					YES NO	YES 🗌	NO 🗌
VIT AN: hysid ficat	OT W	91	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	- 110110 4 11	JURY MONTH DAY YE	AR 21c HOW INJURY OC	CCURRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PART 2)	
SICIAN: ng physicertifical	ental ltem	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER	P.M.		9			
PHY PHY this	the bu	AED A	21d. INJURY OCCURRED	21e PLACE OF IN	NJURY ACTORY, OFFICE, FARM, ETC.	211 LOCATION STREET	CITY OR TO	OWN COUNTY	STATE
NG NG offi	e as the	1	AT WORK NOT WHILE AT WORK						
Z O O	Leol Heol		220.1 certify that (I) (this hospi		caased fram 12	19.8			that (I) (we) lost
ATTE	a for		saw the deceosed alive an abave, (1) (we) (did) (did no	ot view the body atte	death.		inion death accurred on the de		
the ho	Dept.		22b. SIGNATURE	201	1	DEGREE ATTENDIN	NG MEDICAL STAI	22c. DATE	SIGNED
TAL y th RAL				7 Juli	ac M	PHYSICIA		IANX 12/	5/87
HOSPITAL ned by th	d be Si		22d. PHYSICIAN'S NAME (TYPE	1		22e ADDRESS	CANLADIT	AN HOSPI	774
etain 6	should be detected with the State		FAHIN	FARH	AT, M.D.	G00D	SAMARITA	W HOZE	MAL
7 9 1	5 S	23a I	BURIAL, CREMATION, REMOVAL	23b DATE	23¢ NAME C	F CEMETERY OR CREMATO	ORY 23d LOCATION	COUNTY	STATE
BP			Burial	Dec.9, 1	987 Parkw		Baltimor	e Maryl	
DHMH - 10	6 60M 7/84	24. F	UNERAL DIRECTOR		ACDRESS	250.	DEC 0 7 1987	256 REGISTRANIS SIGNAT	Kindallo
(VRA	15, 4)		Leonard J. Ru	ck Inc. Ba	ltimore, M	laryland	DEU 07 1987	9	



074925

STATE OF MAKILAND	
DEPARTMENT OF HEALTH AND MENTA	L HYGIE
CEDTIFICATE OF DEATH	63

		12	Call	0	7	1
1	REG.	NO	2	do	-	3

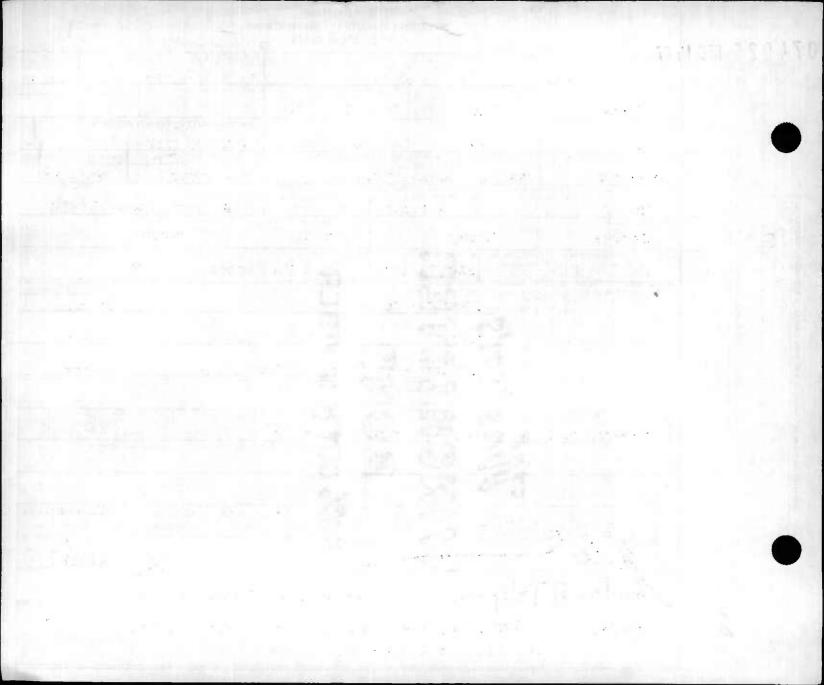
				DEPART		EALTH AND MENTAL HYG	IENE REG N	\$ 5	2 7	1
JUNE JUNE 3. SEX Female White To. BIRTHPLACE (STATE OR FOREIGN COUNTRY) MD 10. CITY OR TOWN OF DEATH 11. NAME OF HOS (IF NOT INSTITUTION OF MARY LAND WAS DECEASED EVER IN U.S. ARMED FORCES? Who The Country of Death (If yets, Give war or Dates) BALTIMORE MD 14. FATHER'S NAME GEORGE TYES, NO OR UNKNOWN) 15. CITY OR TOWN OF DEATH 16. WAS DECEASED EVER IN U.S. ARMED FORCES? TYES, NO OR UNKNOWN) 16. WAS DECEASED EVER IN U.S. ARMED FORCES? WAS DECEASED EVER IN U.S. ARMED FORCES? WHO 16. WAS DECEASED EVER IN U.S. ARMED FORCES? WHO Conditions, if only, which gove rise to immediate couse per line PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) CA Conditions, if only, which gove rise to immediate couse (a), stating the underlying couse lost. Conditions, SE DUE TO, OR AS CONDITION PART 2 OTHER SIGNIFICANT CONDITIONS CONT DECEMBER 9, 1987 Sepsis 10. DATE OF OPERATION DECEMBER 9, 1987 Sepsis 216. ACCIDENT WAS UNDERLYING 7 116. TIME OF IN-	MIDDLE	i	AST	20 DATE OF DEATH	MONTH D	AY YEAR	26 HOUR			
	(TYPE		7	E. 57	DICK	TD.	DECEMBER 9	1007		9:39
- 1	3. SE>			51	RICKI 5. DATE C		6. AGE (IN YEARS LAST BE	RTHDAY)	IF UNDER I YEAR	IF UNDER 24 H
		Female	Wh	ite	TIID	e 30, 1926	61	YRS	ONIHS DAYS	HOURS M
55		RTHPLACE (STATE OR FOREIGN			8		9. BALTIMORE CITY		OF DEATH	
5	0		119	S.A.	WIDOWE	D NEVER MARRIED	BALTIMORE	CTTY		
Same		TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST) Homemake	ION OF WORKING LIFE	INDUSTRY	Home
1	USUA	L RESIDENCE (IF NURSING HOME								3-3
SAN	13a. S	MD 136 CO		13c. CITY OR TOW	'N	134 INSIDE CITY LIMITS?	13e STREET ADDRESS 4901 You	rk Roa	_	
Y	14 FA	FIRST	MIDDLE A	irey last		is. Mother's Maiden NAME Ethel	ME MIDDLE T	awes	LAS	51
				166 SOCIAL SECU	IRITY NO.	17 INFORMANT	ADDR	ESS		
1	1,4	ES NO OR UNKNOWN) (IF YES.	GIVE WAR OR DATES)	220 22	1748	James M.	Fisher,	S	ame	
		18 CAUSE OF DEATH (Enter	anly one cause pe	r line for (a), (b), an	d IC1.5				APPROX BETWEEN	MATE INTERVAL ONSET AND DEA
		PART I. DEATH WAS CAU	SED BY	CARDIAC F	AILUR	PE			12 1	ours
				R AS A CONSEQUE	ENCE OF	D			48 h	ours
1		couse (a), stating the		R AS A CONSEQUE		OF THE SIGMO	ID COLON		5 da	us
lock of	N	PART 2 OTHER SIGNIFICAN	T CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COM	IDITION GIVE		
2	FICATIO					N WAS PERFORMED	20a AUTOPSY?	IN CERTIFY	WERE FINDI	OF DEATH?
9	ERT				out in	traabdominal	YES NO		RI I OR PART 2)	NO 🗌
G	0.0	OR CONTRIBUTING CAUSE OF	DEATH HOUR A	M. MONTH D	AY YEAR		(English and Co.)			
1	EDIC	CONTRACTOR OF THE PARTY OF THE	21e PLACE	OF INJURY	1	211. LOCATION	CITY OR TO	OWAL	COUNTY	STATE
9/	×	AT =ONS AT =ONS	(AT HOME ST	REET, FACTORY OFFICE P	ARM ETC)	SINEE	CITY ON I	54444		2,771
2 2		17s.1 certify that X it is ho saw the deceased alive	spital) attended to	r 9, 19		MBER 5, 19 87				that XII (we) I
E .			pot) view the body	diter death		DEGREE			22c. DA/E	SIGNED
		an			_	ATTENDING PHYSICIAN	MEDICAL STA		15/1	0/87
7		THE PHYSICIAN'S NAME (14	E OR PRINTLY			22e ADDRESS				-
5		Gordon 7	Telepi	1		C/O MARYLAND	GENERAL HO	SPITAL		
8		URIAL, CREMATION, REMOV			NAME OF C	EMETERY OR CREMATORY	23d LOCATION			
	(Parmin 3	12/1	2/87 TATE	clhoc	wn Cometery	Do 1 to	Count	COUNTY	MD

DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL OR ATTENDED FINANCIAL CO.

Dullal

24 FUNERAL DIRECTOR H.W. Jenkins Sons Co. ASE DATE RECID. BY SEC ISTRAR 256 REGISTRAR'S SIGNATURE



DEC

niury, or other troumotic event, the

IMPORTANT: If Item 21 is marked or Item 18 shows

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	FOR STATE	DEPAI		HEALTH AND MENTAL HYG	8 /	3 5	2 7	2.
13	ECEASED NAME FIRST	WIDDLE		LAST	REG. N	MONTH	DAY YEAR	Zb HOUR
(TVI	PE OR PRINT) Harry		St	uart		ec	20 87	1715 M
3 SI	EX	4 RACE	5. DATE		6. AGE IN YEARS LAST BI	(YADAY)	IF UNDER YEAR	
L	Male	White		10 1903 YEAR	84	YRS.	MONTHS DAYS	HOURS MIN.
No B	BIRTHPLACE (5 ATE OF FOREIGN	76. CITIZEN OF WHAT COUNTR	Y? 8	D NEVER MARRIED	9 BALTIMORE CITY	R COUN	TY OF DEATH	
1	Md.	U.S.A.	WIDOW		70 - 7 1 1 - 1			MD.
10 0	Balto.	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR	SING HOME (OR OTHER INSTITUTION	126 USUAL OCCUPAT	ION OF WORKING	126 KIND (OF BUSINESS OR
-		Union Memor		spital	Timekeeper	-	CTe	erical
130	JAL RESIDENCE (IF NURSING HOME OF STATE 136 COUP	NTY Baltin	2	138 INSIDE CITY LIMITS?	13e STREET ADDRESS 4320 Clare			21213
14. F	ATHER'S NAME			15 MOTHER'S MAIDEN NA		HP.		
	Larry	Stuart		Annab	MIDDLE		Vani	Porden
160	WAS DECEASED EVER IN U.S. AR	ADDR	ESS					
		MED FORCES? 166 SOCIAL SE 214-12-		Marjorie Da	vidson-492	1 Abe	rdeen A	ve. 2120
	18 CAUSE OF DEATH Enter of	nly one couse per line for (o), (b), D BY:	and ich				APPRO) BETWEEN	AMATE INTERVAL
	PART I. DE ATH WAS CAUSE	TE CAUSE (0) he pati	c. fai	lure			are	sten
	IMMEDIA						5 u	
	Conditions if you his	DUE TO, OR AS A CONSEC					3 ~	
	Conditions, if any, which gove rise to immediate	(p) C11.4.N	20203					
	couse 101, stoting the underlying cause lost	DUE TO, OR AS A CONSEC	DUENCE OF				1000	
1		(c)						
1 -	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING T	O DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITIONG	IVEN IN PART 1	a
9	abscess u	oith sepsis						
CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHI	CH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF Y	ES, WERE FINDS	NGS USED
三					YES NO		YES [NO 🗍
1 8	210. ACCIDENT WAS UNDERLYING			21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18	RART I OR RART 2)	
	OR CONTRIBUTING CAUSE OF DE		DAY YEAR	100 March 1997				
MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	17	211 LOCATION				
ME	WHILE NOT WHILE AT WORK	(AT HOME STREET FACTORY OFFIC		STREET	CITY OR TO	WN	COUNTY	STATE
	220.1 certify that (I) (this hosp	ital) attended the deceased from	12/30	19 87	10_ 12 2	5	19_87_	that (I) (we) last
1	sow the deceased alive on	12 20 19	87.0	nd that in (my) (our) opinion o	death occurred on the d	ote and ha	our and from the	couses stated
	226 SIGNATURE	I View the body differ debili		DEGREE			22c. DATE	SIGNED
	Pours			ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN X		
	22d PHYSICIAN'S NAME LTYPE C	OR PRINT)		22e ADDRESS				
	BREINER							
230	BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d. LOCATION		COUNTY	D.F. THEATE
	BURIAL	12/22/87	Garden	s of Faith	Baltin	ore	COOMIT	Md.
24 F	SCHIMONEK FUNE	RAL 3331 Br	rehms I	ane 25¢ DATI	E REC'D. BY REGISTRAR	256. REGIS	STRAR'S SIGNA	URF
	HOME, INC.	Balto.			23 1987	in when I	Notice -	

DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL

BP

7015	0 050 00		6, FilmG6	348 2/	17/89 k	am DEPARTMEN		MARYLAND H AND MENTAL	HYGIENE				e es
1615	6 DEC 28	UF	STATE REGISTRAR		MEI	DICAL EXA	AMINER'S	CERTIFICATE	F DEATH	REG. NO	32	1 3	
			CEASED NAME	FIRST		WIDDLE		LAST	2a D	ATE KNOWN X		DAY YEAR	26 HOUR
	ET. ES. C.		Charles	William	Stull		54	abl	DE	OF ESTI-	12-	21 19 8	7 4
	DIRECTO OUR FIL ON STRE	3. SE)	ale Whi	ite 1	Nov. 7, 1	1961 26	ST BIRTHDAY) MON	NDER 1 YR. IF UNDER	MIN. PROI	DATE NOUNCED DEAD	12-	DAY YEA	7 11:2
•	STATE OF THE STATE		RTHPLACE (STATE OR REIGN COUNTRY) Maryland	7	U.S.		MARE	NEVER MARR	HED U	altimore city o Baltimore	-		MD.
	PAGE FIELD	1	TY OR TOWN OF DE	ATH	IF NOT IN SUCH FAC	PITAL, NURSING CILITY, GIVE STREET A NAI HOS	ADDRESS)	HER INSTITUTION	12a USUAL C	OCCUPATION (TYPE OF WORKING LIFE) enter	OF WORK	OR INDU	BUSINESS STRY ruction
21201	ANY D AND 3 RETAIN HOULD RECORD	13a S	TATE Maryland	DR C DUNTY Carro	OTHER INSTITUTION, GIV	134. CITY OR T	OWN	T3d. INSIDE CITY LIMITS? YES NO X	13e STREET A	ADDRESS rand Ave.	21787		
BALTIMORE, MD.	SERVICE SERVIC	0	THER'S NAME Charles	L.	WIDDLE	Stull		15. MOTHER'S MAID FIRST Norma		MIDDLE		rison	
IMO	SA SASSA	160. V	VAS DECEASED EVE	R IN U.S. ARME	ED FORCES?		SECURITY NO.	17. INFORMANT		90 Grands			
IALT	S AF	1	NoYes	18 VES, GIVE WA	1 Merin	¥\$£8-78	3-0222	Lynda C.	Stull !	Taneytown	, Md.	21787	7
The Cause of Death (Enter only one cause per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Out The Cause of Death (Enter only one cause per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Out To, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (o) stating the underlying couse last. Out To, OR AS A CONSEQUENCE OF Using couse last.										BETWEEN ON	ATE INTERVAL		
ECORD	"PENDING" IN FE MEDICAL EX FED AS A BURIA HEALTH AND A	NOI		metro di				E OR CONDITION GIVEN IN PA	ART 1 (a)				
VITALE	S S S S S S S S S S S S S S S S S S S	CERTIFICATION	19a. DATE OF OPER					AS PERFORMED?				20 AUTOPS	
DIVISION OF VITAL RECORDS, 201	CERTIFICATE ITING THE W DED TO THE E 3 SHOULD E DEPARTMEN	MEDICAL CE	210 EXTERNAL CAL UNDERLYING X CONTRIBUTING	OR CAUSE OF DE	ATH 7:00 P.M.	MONTH DAY	19 87 SU	ow injury occurri bject shot			ART 1 OR PART	2)	
DIVIS	THIS CER WARDED WARDED PAGE 3 S TATE DEI 21201 P	MEC	WHILE NO.		STREET, FACTO	ORY, FARM, ETC.		36 Falls R	oad,Bal	timore, Ma	arylai	nd	STATE
•	XAMINER: ERTIFICATE ID BE FORN NRECTOR: WITH THE S ARYLAND,		226. I certify that death resulted Iro ACTUAL SKINATURE	/ /	the remains desc	ribed above, ha	, Suicide	Homicide X TITLE (SPECIFY) A.D. ASSISTAN	Undetermin		DATE SIGNED	12-22	- 87
	TO MEDICAL E EXECUTE THE PAGE 4 SHOU TO FUNERAL I AFTER DEATH, BATTIMORE, M	230 PI	EXAMINER'S NAME (TYPE OR PRINT)	Chari	es P. Ko		D. OF CEMETERY C	MDDRESS.	Penn St	., Balto	, Md	. 212	01
07/84 25M	BP	(5	Burial UNERAL DIRECTOR					ck Cemetery	Wood]	lawn, Bal			STATE
	DHMH - 17 (VR A15 ME (5))	14.1	# 9. 2	leliana	ADORES M	lanchest	er, Md.	DEC	24 19	STRAR 24 BEGIS		Charles	7

Charles could Male white Milov. W. 1961 26 Total nice: Constitution of the constitution o See Sund Ave. mentyment floated banlyrek. Bhull Norma Lee Gentland On State. CAS-78-6222 Igade C. sanig Manorteen. Mo. 12282 Burial Den. 20,1957 Lordeine Perk Generary Lordinan, Balto., Md. Menomorber, Mc.

FOR STATE

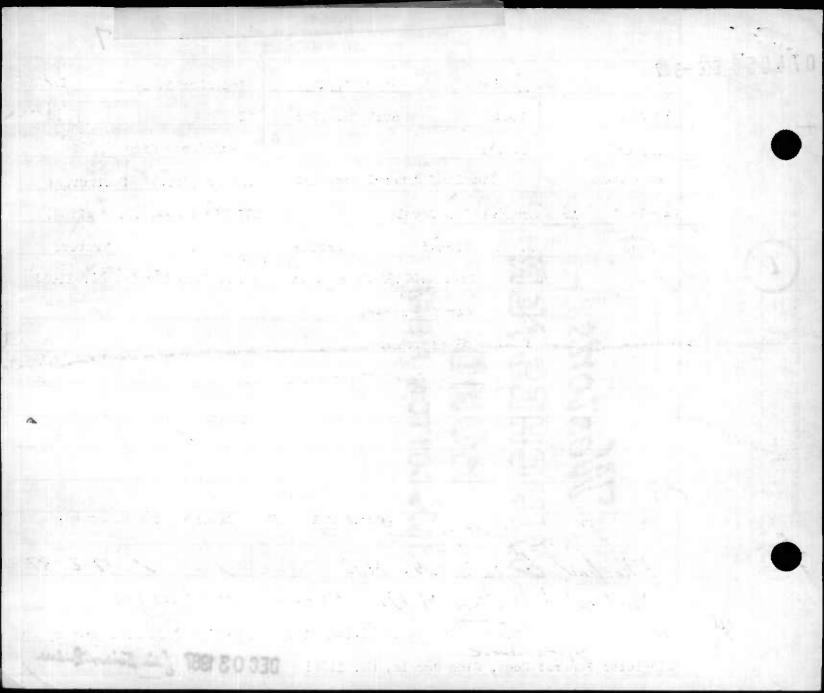
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

		-	-	
***	5	2	7	
PEG NO				

-		REGISTRAR		CENTIN	TEATE OF DEATH	REG. NO.		
-		PEASED NAME FIRST	WIDDLE	ı	AST	20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR
		Evely	n Ruth	Stump	of	December 2,	1987	5:49Am
	1 SEX	x	1-KACE	5 DATE C		6 AGE (IN YEARS LAST BIRTHDAY)		IF UNDER 24 HRS
	Fe	emale	White	March	26, 1905	82 YR	months out o	MIN.
4		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	NTRY? 8	D NEVER MARRIED (X)	9 BALTIMORE CITY OR COU	NTY OF DEATH	
7		ryland	U.S.A.	WIDOWE		Baltimore C	lity	MD.
7	1000	TY OR TOWN OF DEATH	TI. NAME OF HOSPITAL, N			120 USUAL OCCUPATION		BUSINESS OR
2	B	Baltimore /	(IF NOT IN SUCH FACILITY, GIVE Maryland	d General	l Hospital	Cleaner (Ret.)	Restaur	rant
5	13a S	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN Cyland Anne	NTY 131. CITY O	RTOWN	134 INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CO		1061
4		THER'S NAME	Arundel Glen	purnie	YES NO X	207 First Ave.	5.W. Z.	1061
2	P) PA	FIRST	MIDDLE LA		EIRST	MIDD1E	LAST	
3	/	John	J. Stum	L SECURITY NO.	Martha 17 INFORMANT (Nep)	A. ADDRESS	Trave	ers
		VAS DECEASED EVER IN U.S. AR	E WAR OR DATES!	4.0748A	Toba E Stump	f, Jr. Glen Bur	lma Ave	21061
ď	110				point E. Stump.	t, Jr. Gren but		21061
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	DRY				BETWEEN ON	ATE INTERVAL NSET AND DEATH
			TE CAUSE (a) Card	iac arres	st			
		327	DUE TO, OR AS A CON	SEQUENCE OF				
		Canditions, if ony, which	(sept:	ic shock				
		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CON	ISEQUENICE OF				
		underlying cause last			bstruction			
		PART 2 OTHER SIGNIFICANT (INAL DISEASE OR CONDITION	GIVEN IN PART 1/a	
	ž		<u> </u>					
7	ATR	190 DATE OF OPERATION	196 CONDITION FOR V	WHICH OPERATIO	N WAS PERFORMED		FYES, WERE FINDING	
1	CERTIFICATION					YES NOW	ERTIFYING CAUSES C	NO T
	ERI	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM		
1	10.00	OR CONTRIBUTING CAUSE OF DE						
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER	P.M. 21e PLACE OF INJURY	19	211 LOCATION			
	W.		(AT HOME STREET, FACTORY	OFFICE, FARM ETC)	STREET	CITY OR TOWN	COUNTY	STATE
		AT WORK		, Doc	rombor 2 to 07	Donombon 2	10 07 1	
		sow the deceased olive an		10 87 a	ed that in X-X) (our) openion	to <u>December 2</u> death occurred an the date and	, 19, th	nat Mr (we) last
		abave, (X (we) (did) (didX)	Xview the bady after death.			death occurred all the date and		
		22h SIGNATURE	11 1 11	Ar.	DEGREE	MEDICAL STAFF	224. DATE S	IGNED
		Muchaelis	L. Meller	our p	ATTENDING PHYSICIAN		12-6	81
		224 PHYSICIAN'S NAME LITTE	OR PRINT)		22e ADDRESS			11 4 4 4 4
ı,		Michael A	Wilson	M. 17.	c/o Maryla	nd General Hos	pital	
		BURIAL, CREMATION, REMOVAL	23b DATE	23¢ NAME OF C	EMETERY OR CREMATORY	23d LOCATION		
	Bur	rial	Dec. 4, 1987	Cedar H	ill Cemeterv	Brooklyn Park	A.A. Co.N	Maryland
1		UNERAL DIRECTOR 4113	1/11/10-			E REC'D. BY REGISTRAR 25h, REG	GISTRAR'S SIGNATA	RE .
ď	Si	ngleton Funeral	Home, Glen F	DRESS Burnie, M	Id. 21061 NE	C 0 3 1987 July	a Dendur R	andalle
		O	- Jones of Cit I				Andrew Control of the Control	

DHMH - 16 60M 7/H4 (VRA 15, 4)

TO FUNERAL DIRECTOR



wheel be lated by sace.

IMPORTANT: If Item 21 is marked or Item 18 shows ony injury, or other troumotic event, the medical eko

retained by the haspital or

BP. DHMH - 16 50M 1/81

(VRA 15, 4)

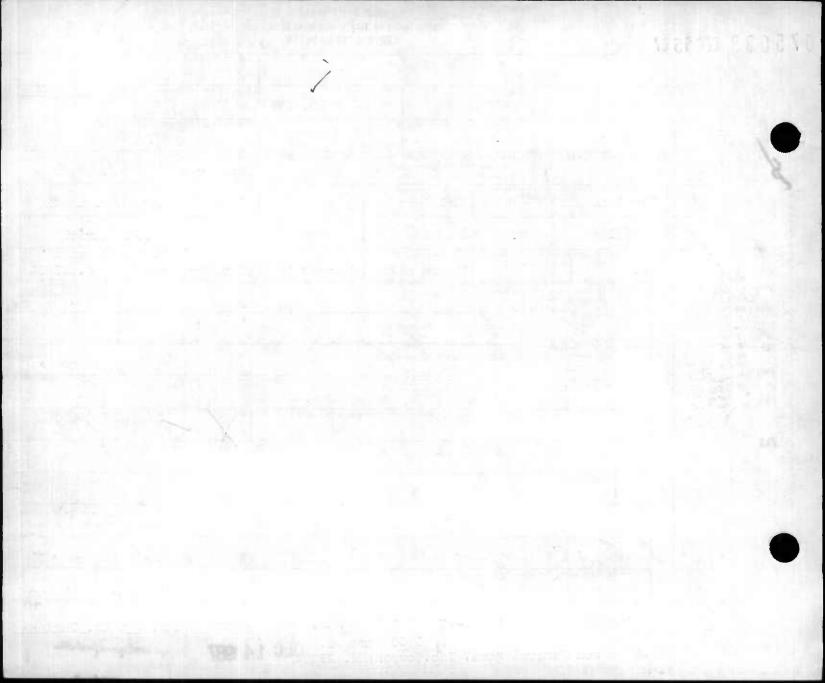
FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	100	3	7	-
()	5	En	6	~
REG NO				

3	01	REGISTRAR				REG, NO.						
8		CEASED NAME FIRST	MIDDL	E	LAST	20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR				
	(TYPE	ARTH	IUR	STU	JTSMAN	DECEMBER 8, 19	87	6;00A _M				
Ī,	3. SE)	x Male	A RACE White		ate of Birth	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	# UNDER 24 HRS				
Ñ	7a BI	RTHPLACE ISTATE OF FOREIGN	76. CITIZEN OF WHA	T COUNTRY?		YRS						
1		indiana	U.S.A.	MA	RRIED NEVER MARRIED K	BALTIMORE CIT		MD.				
5		ALTIMORE			ME OR OTHER INSTITUTION NS HOSPITAL	Teacher of working	126 KIND (INDUSTRY H.E.	R.O.				
/	13a. S	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE NTY 140 134	RESIDENCE BEFORE ADMISS CITY OR TOWN SALTIMORE	13d. INSIDE CITY LIMITS?	13. STREET ADDRESS Clevelan	d Ave. 2	21222				
	14. FA	THER'S NAME William	"G" St	ıtsmän	15. MOTHER'S MAIDEN NA Mariasi	Ann MIDDLE F	itzpatrî					
3	16a. V	VAS DECEASED EVER IN U.S. AF	VE WAR ORDATEST	SOCIAL SECURITY N		76 PRWhit	-					
4	,	YES, NO OR UNKNOWN) YES, GI	3	L4-56-6838	Dolores J. T	aylor, Crownsvi						
		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSI IMMEDIA	nly one couse per line ED BY: TE CAUSE (a)	for 101, 161, and icil	iry annex			MATE INTERVAL ONSET AND DEATH L. Sur T.				
		Conditions, if any, which (10) DISCEMENTALLED MYCE MACTERIAL INFECTION 3 Months										
		gave rise to immediate cause (a), stating the underlying cause last.		A CONSEQUENCE	OF .		57	las				
	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/0-										
	CERTIFICATION	196 DATE OF OPERATION	196 CONDITION	N FOR WHICH OPER	ATION WAS PERFORMED	HN CER	YES, WERE FINDS					
		216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M.	JURY MONTH DAY Y		RED (ENTER MATURE OF INJURY IN ITEM I	8 PART I OR PART 2}					
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF I	NJURY ACTORY, OFFICE, FARM, ET	211 LOCATION	CITY OR TOWN	COUNTY	STATE				
		22a I certify that (I) (this hasp sow the deceased alive ar above, (I),(we) (did) (did no	ital) attended the de	ceased from 19		deoth occurred on the date and h		, that (I) (we) last e causes stated				
		226. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 1246-57										
		5+(phen 5,	. 0		220 ADDRESS RM 3 - 12 7 3	Neology Certer, 6	a or wi	elfest. Matt				
	23a B	BURIAL, CREMATION, REMOVAL	23b. DATE 11-12-		of CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN Terre Haute V	igo Co	STATE				
	24 FL	UNERAL DIRECTOR LCK**Towson Fune		1050	York Rd. 21204 Co. DAI	Terre Haute, V	igo Co.	LURE.				



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

-1	-				STATE	OF MARYLAND			- 7	1/2
1	72	STATE		DEPARTMENT	T OF H	EALTH AND MENTAL HYGI	ENE ~y	5	2 /	O
1	13	REGISTRAR		CI	ERTIF	ICATE OF DEATH	REG. NO).		
		CEASED NAME FIRST		MIDDLE	i.	AST / C		MONTH / DA	Y YEAR	26 HOUR
	(TYPE	ORPRINT) Harr	Y.		5	ardin		12/26	187	1150 M
1	3. SEX	Co. 10	4 RACE	5. 1	-		6. AGE (IN YEARS LAST BIRT		FUNDER 1 YEAR	IF UNDER 24 HRS
31	many	YIgle.	Canc	usian	MONTH	23/18	69	YRS	ONTHS DAYS	HOURS MIN.
		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY? 8.	ARRIE	NEVER MARRIED	9. BALTIMORE CITY O	*** ****	OF DEATH	
d		Maryland	415	//	IDOWE		150//im	gy e	(i/)	, MD.
٦	10 CI	TY OR TOWN OF DEATH		HOSPITAL, NURSING H		R OTHER INSTITUTION	120 USUAL OCCUPATION	NC	12b. KIND O	E SUSINESS OR
		Baltimore	7211 /	AVA TICICAL	5	AVE #HOI	PROPRIET	ORUPA	GAS S	TATION
ď.	USUA 13a. S	AL RESIDENCE (IF NURSING HOME OF		GIVE RESIDENCE BEFORE ADM	ISSION)	13d INSIDE CITY LIMITS?	13e.STREET ADDRESS.	ZID CODE	APT. 4	101 #2120
	N	ran/an/		Patt mo	m	YES NO .	7211 Park	148191	45 1	AVP.
	14. FA	THER'S NAME	MIDDLE	AAST		15 MOTHER'S MAIDEN NAM			145	1
		"ISADORE		URDIN ^{AST}		RACI	HAEL		BRAC	SER
		VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECURITY	NO.	17 INFORMANT ME	RS. EMMA SU	RDIN	APT.	401
1			=ARMY	214-03-328	38	7211 PARK H		ALTO.	MD	21208
1		18 CAUSE OF DEATH (Enter or	ly one couse pe	line for (a), (b), and (c)	. 1				APPROXI BETWEEN	MATE INTERVAL
		PART I. DEATH WAS CAUSE	D BY:	-41×9 C	1/10	cer			ONO	VIPILY
1										/
		Conditions, if ony, which (b) MPIGSIGS/5								
1		gove rise to immediate	(b)_	111111111	1 31					
ı		couse (a), stating the underlying couse lost.	1	R AS A CONSEQUENCE	E OF					
1		PART 2 OTHER SIGNIFICANT	(0)	ONTRIBUTING TO DEAL	THE BLUT	NOT BELLIED TO THE YERM	NAL DISEASE OF CONT	DITION CRE	NI INI DADI 1	
	Z.	PART 2 OTHER SIGNIFICANT	ONDITIONS C	UNTRIBUTING TO DEAT	BUI	NOT RELATED TO THE TERMI	NAL DISEASE OR CONL	JIIION GIVE	NINPARITI	0
	CERTIFICATION	19a DATE OF OPERATION	19b COND	ITION FOR WHICH OPE	RATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FINDIN	
	꾶						YES TO NOW	IN CERTIFY	ING CAUSES	OF DEATH?
6	EBT	710. ACCIDENT WAS UNDERLYING	7 21b. TIME C	DE INJURY	_	21c HOW INJURY OCCURRI				140 []
g	1000	OR CONTRIBUTING CAUSE OF DE	110110 4		YEAR		Territorion Co. Marie			
7	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINED		M. OF INJURY	19	211 LOCATION				
	WEE	WHILE NOT WHILE	AT HOME ST	REET, FACTORY, OFFICE FARM	ETC)	STREET	CITY OR TO	NN	COUNTY	STATE
		AT WORK AT WORK		51.		100001 00	(00-06-1-	1 = 0/	170	
		22a I certify that (1) this hospi					_ to December			that (we) lost
		saw the deceased glive on abave (I)/(we)(jdid)(did no	t) view the body	ofter deoth.		d that in (my) (our) opinion d	eoth occurred on the do	te ond hour		
		226 SIGNATURE DEGREE ATTENDING MEDICAL STAFF								
		Jamel 11	mm/	HAMMOOK	1	PHYSICIAN A	DIRECTOR PHYSIC		12/	27187
		224 PHYSICIAN'S NAME (TYPE C	OR PRINT)	-11	/	22e ADDRESS	0117	, .	11	1
		Kenneth Mi	CYVIN C	Tood Wich,	MI	1447 YORK	Ka., Lu/h	evil	E.M.	12/093
Ī	23e B	URIAL, CREMATION, REMOVAL	23b. DATE	23c. MAM	E OF C	EMETERY OR CREMATORY	23d/LOCATION			

DHMH - 16 50M 4/83 (VRA 15, 4)

BURIAL

DEC.28,1987 CHIZUK

AMUNO

BALTIMORE

MARYLAND

24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. BALTO., MD 21215 6010 REISTERSTOWN RD.

DEC 3 0 1987

7	60	3 7	DEC	28-FAR ATE REGISTRAR			ENT OF HE	OF MARYLAND ALTH AND MENTAL HYG CATE OF DEATH	ENE 7 5 5	2 7 7.
		m c		1. DECEASED NAME FIRST	MI	DDLE	LAS		20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	y be	oge 3 deoth		Zacha	ry C	urtis		lins	11 -0	7-81 3 AM
	e.	frer o		3. SEX	4 RACE		5. DATE OF		6 AGE IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
	ge 4	urs af		Male	White	2	Novem	ber 22, 1987	YRS.	10
	Po Po	ol di	ار و	BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF W	HAT COUNTRY?	8.	☐ NEVER MARRIED ■	BALTIMORE CITY OR COUNTY	A
	deot	un 73	355	Maryland	USA		WIDOWED	DIVORCED [Baltimore Cit	ah 11107.
5	s ofter o	by the fu	3/	Baltimore	Franc	IS SCOTT	Kev M	other institution ledical Cente:	170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE Dependant	126 KIND OF BUSINESS OR INDUSTRY
MARYLAND 2120	24 hour	filled in I	34	USUAL SIDENCE (IF NURSING HO) TJO. STATE Maryland Ba	AE OR OTHER INSTITUTION O	Baltimor	DMISSION1		136 STREET ADDRESS / ZIP CODE 7324 Kirtley Roa	ad 21224
Y LA	the factor	Service and	200	14. FATHER'S NAME		ALCOHOL:		S MOTHER'S MAIDEN NAM		^
MAR	3/	3	156	Walter	A.	Sullins	5	Kelly	D.	Rowlins
	THE STATE OF	150	8	160 WAS DECEASED EVER IN U.S		166 SOCIAL SECURI	ITY NO.	17 INFORMANT	ADDRESS	
₩ W	S S	0 0	ae d	NO OR UNKNOWN) (IF YE	S. GIVE WAR OR DATES)	None		Parents 73	24 Kirtley Road	21224
ST., BALTIMORE,	ertificate b	ng physicio bon papers, removol.	c event, the	18 CAUSE OF DEATH (Entrement) PART I. DEATH WAS CA	LICED BY	ne for (o), (b), and (E 1	MMATURI.	77	APPRÖXIMATE INTERVAL BETWEEN ONSET AND DEATH
DI W. PRESTON	that the death c	d by the ottendin leose remove cork ial, cremotion, or	or other troumotic	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse last	DUE TO, OR	AS A CONSEQUEN AS A CONSEQUEN	15	& ESTATION		
CORDS, 201	v requires	seen signe nit Then pl	ny injury.	PART 2 OTHER SIGNIFICA		NTRIBUTING TO DE			1 200 AUTOPSY 1206 IF YES	EN IN PART Tro

IN CERTIFYING CAUSES OF DEATH? CERTIFIC YES | 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATIONAL PART) OR PART 21 210 ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL P.M. (IF EITHER NOTIFY MEDICAL EXAMINER) 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE STREET (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE AT WORK 220 L certify that (1) (this hospital) attended the eleceosed from saw the deceased alive on above, (I) (we) (did) (did not) view the body after death and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated 226. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME LTYPE OR PRINT 22e ADDRESS 230 BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial 23b. DATE 231 NAME OF CEMETERY OR CREMATORY 23d LOCATION 11-28-87

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

or frem 18 sho

morked

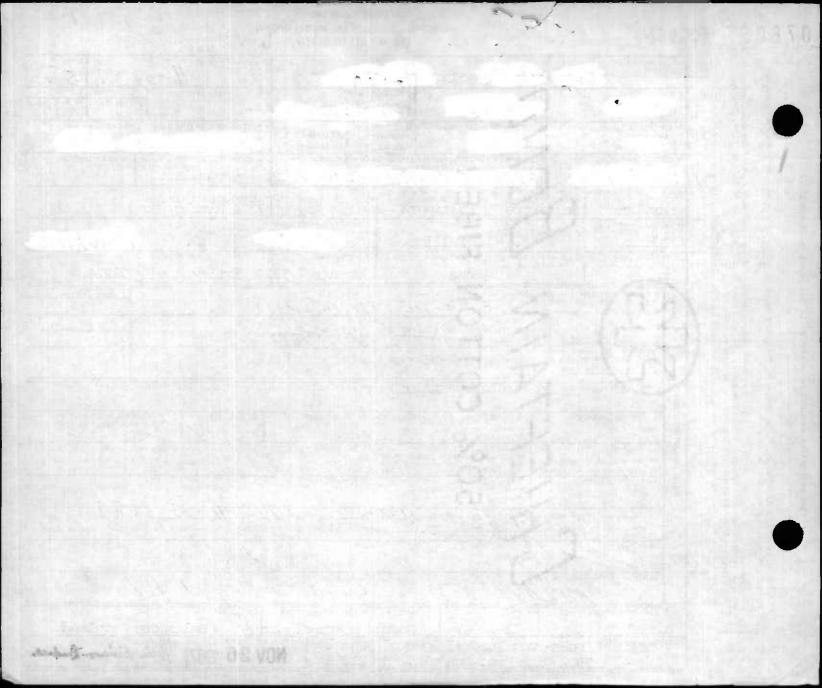
IMPORTANT:

24 FUNERAL DIRECTOR Duda-Ruck Funeral Home of Dundalk 7922 Wise Ave. Dundalk, MD

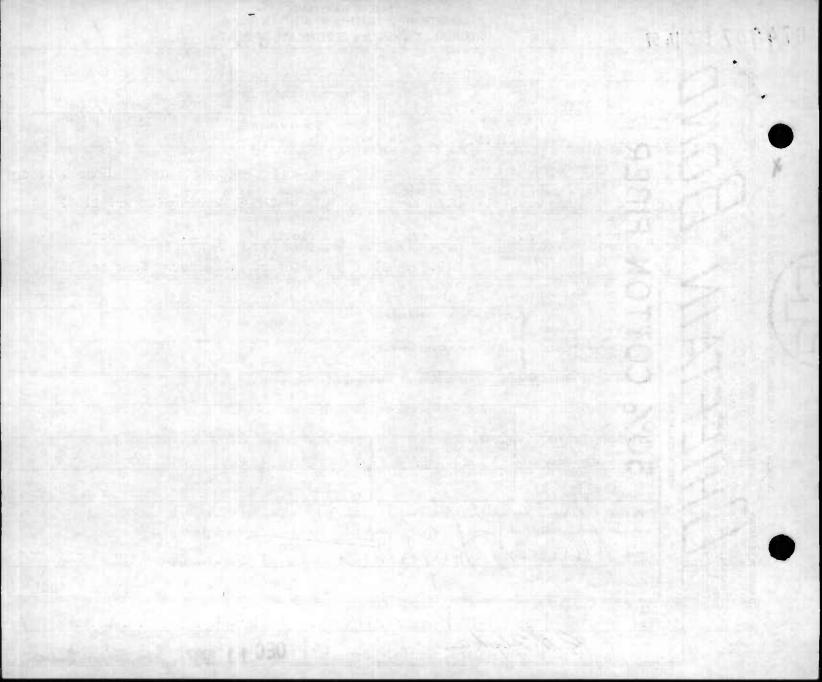
Sacred Heart of Mary

Baltimore Maryland

NOV 25 1987



STATE OF MARYLAND



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	3	5	2	-	
DEC	NO				

	1-	FOR STATE REGISTRAR		DEPAR		EALTH AND MENTAL HY	GIENE 7	; 5 REG. NO.	2 /	7
-	I DEC	EASED NAME	FIRST	MIDDLE	L	AST	20 DATE OF D	EATH MONTH	DAY YEAR	26 HOUR
1		or Of 1	JAMES	Ε.		SURLES	DECE		6 87	5 A.M
1	3 SEX		4 RACE		5. DATE O		6 AGE IN YEAR	IS LAST BIRTHDAY	MONTHS DATE	IF UNDER 24 HRS
]	MALE	BLAC	K	A A A	3 40	47	11.3		
		OUNTRY)	RFOREIGN 76 CITIZEN	OF WHAT COUNTRY	Y? 8 MARRIE	NEVER MARRIED	9. BALTIMORE	CITY OR COUN	TY OF DEATH	
1		NC		USA	WIDOWE	D DIVORCED	BAL'	TIMORE		MD.
~	10 CIT	Y OR TOWN OF D		OF HOSPITAL, NURS		R OTHER INSTITUTION	12a USUAL OC	CUPATION OR MOST OF WORKING		OF BUSINESS OR
1		ALTIMOR				DAD	HOUSE	KEEPING	RETI	RED
A	130. S	L RESIDENCE (# NU	RSING HOME OR OTHER INSTITU	13c. CITY OR TO		134 INSIDE CITY LIMITS?		DRESS / ZIP CO		
		MD		BALTIN		YESX NO		NORTHGA'	TE ROAL	21213
	14. FA	THER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN N		MIDDLE	LAS	31
		JOHN	CALVI	N SI	JRLES	MABLE	ALC: U		S	STOKES
			R IN U.S. ARMED FORCE	SI		17 INFORMANT		ADDRESS		
		NO OR UNKNOWN)		239-58	3-8844	DORIS SUR	RLES 142	22 NORT		
		18 CAUSE OF DEA PART I. DEATH	WAS CAUSED BY: IMMEDIATE CAUSE (c	1 4	ond ic.	of lung	with	!	BETWEEN	MATE INTERVAL ONSET AND DEATH
		Canditions, if ar		O, OR AS A CONSEC	DUENCE OF	uperio	vena	1ova) 10	month
		gave rise to it couse (o), sta- underlying cau	ting the DUE TO	O, OR AS A CONSEC	DUENCE OF	0	obstru	eteon/	/	
	NOI	PART 2 OTHER SIG				NOT RELATED TO THE TE	NEXT TO			
2	TIFICA	196 DATE OF OPER	ATION 196 CC	INDITION FOR WHI	CH OPERATIO	N WAS PERFORMED	20a AUTOP	IN CER	YES, WERE FINDIF TIFYING CAUSES YES []	
1	MEDICAL CERTIFICATION	710. ACCIDENT WAS U OR CONTRIBUTING [(IF EITHER NOTIFY ME	CAUSE OF DEATH HOU	AE OF INJURY R A.M. MONTH P.M.	DAY YEAR	21c. HOW INJURY OCCU	JRRED (ENTERNATU	NE OF INJURY IN ITEM 1	B PART (OR PART ?)	
	MEDI	21d. INJURY OCCU		ACE OF INJURY SE STREET FACTORY OFFICE	E FARM, ETC)	211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE
		22a I certify that	(this hospital) attempt		n He	19 0	/ to	10C 6	. 19 0 /	that (we) lost
		saw the dece	ased alive an view the	ody after death	87. ar	nd that in (p) (our) opinio	an death accurred	an the date and h	nour and from the	causes stated
		226, SIGNATURA	miely.	. Mil	2	DEGREE ATTENDING PHYSICIAN		STAFF PHYSICIAN	12 DATE	17/89
	9	W.B.	Daniels!	Tr.		Union Menu	orial Ho	sjital	Hospice	2/2/8
		URIAL, CREMATION	N, REMOVAL 236. DAT	E 23	NAME OF C	EMETERY OR CREMATOR	CITY O	RTOWN	COUNTY	STATE
		BURIAL	12/1	1/87	BALTIM			TIMORE	1670 - 016	MD
	24 FL	INERAL DIRECTOR				25a. C	ATE REC'D. BY RE	SISTRARIZS REG	ISTRAR'S SIGNAT	URE

DHMH - 16 60M 7/84 (VRA 15, 4)

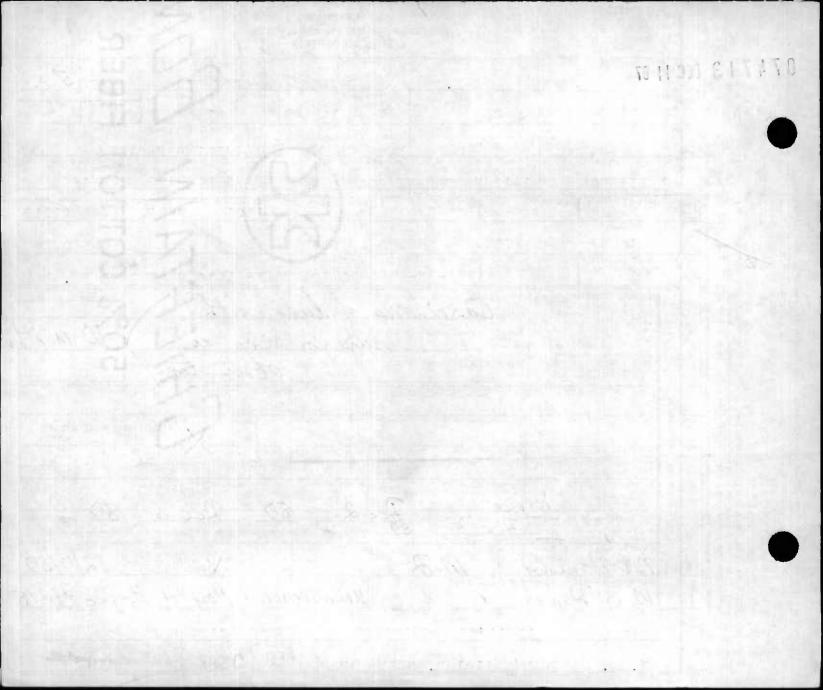
BP.

TO FUNERAL DIRECTOR, After this certificate hos been signed by the attending physical should be detached for use as the buriol-fransit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

morked or Item 18 shaws ony injury, or other traumotic event, th

IMPORTANT: If Hem 21 is

MARCH F/H 1101 E. NORTH



STATE OF MARYLAND

3	5	2	15	U
e)	~			

5529	20	FORDI 07		STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 7 CERTIFICATE OF DEATH REG. NO.						
1773	16	REGISTRAR								
-51		CEASED NAME	FIRST	MIDDLE		LA51	20. DATE OF DEATH	MONTH DAY	YEAR 26 H	HOUR
			HARLOTTE	P,	SW	AN.		12 14	87	M
	3 SEX	(4 RACE		5. DATE (6 AGE IN YEARS LAST BIR	THDAY) IF (UNDER I YEAR IF UN	NDER 24 HRS
		FEMALE		BLACK	FEE		76	YRS		
0		RTHPLACE (STATE OR FO	REIGN 76 CITIZE	N OF WHAT COUNTE	RY? B	D NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY OF	DEATH	
0	m.	ASSACHUSE		S. A.	WIDOW		Baltimore			WE
	10 CI	TY OR TOWN OF DEAT		T IN SUCH FACILITY, GIVE STE		OR OTHER INSTITUTION	120 USUAL OCCUPAT	ON F WORKING LIFE)	126 KBA276	ING SAS
		altimore	2042	2 Ruxton Av	venue		RETIRED T	EACHER	PUBLIC S	SCHOOL
25	USU/ 13a. S	AL RESIDENCE (IF MURSIN	G HOME OF OTHER INSTI	TUTION, GIVE RESIDENCE BE		1134 INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE T	uryland	21216
0	M	aryland		Baltimo		YES XX NO	2042 Ruxto	n Avenu	e Balti	more
1	14 FA	THER'S NAME	WIDDLE	LAST		IS MOTHER'S MAIDEN NAM	WE	***	1 457	
		0775		PARH	tam	MARIO	N		HUN:	7
		AS DECEASED EVER I	U.S. ARMED FOR	CES? 166 SOCIAL SE	CURITY NO	17 INFORMANT Mr.	AD	OLUMBI	HUN:	
E		NO.		212-16	-1343	Sinclair Swar	1.5293-5-	RIVENL	DELL LAN	€ 210
		18 CAUSE OF DEATH	Enter only one cou						APPROXIMATE I	AND DEATH
		PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Extensive Lunio-Metus tapes								
afic	7	DUE TO, COMAS A CONSEQUENCE OF 1								
500			conditions, if ony, which gove rise to immediate (b) Korly Differentiated Aderocarchomal							
0		couse (a), stating	the DUE	he Due to, or as a consequence of						
10	3	underlying cause	use lost (c)							
lury, o	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN									1112
y y	CERTIFICATION	190 DATE OF OPERAT	ON 19b (CONDITION FOR WH	ICH OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W	VERE FINDINGS L	JSED
3-1	IFIC	(E.3) (E					YES THO NO	IN CERTIFYIN	G CAUSES OF D	EATH?
1000	ERT	210 ACCIDENT WAS UNDE		IME OF INJURY		211 HOW INJURY OCCURR				
1		OR CONTRIBUTING C	OSE OF DEATH	UR A.M. MONTH P.M.	DAY YEAR					
1	MEDICAL	21d INJURY OCCURRI		PLACE OF INJURY	TY	211 LOCATION				
	M	MHILE NOT WHILE	E [DME STREET FACTORY OFFI	CE FARM, ETC)	STREET	CITY OR 10	WN	COUNTY	STATE
				ded the Accessed fro	m 12	13 10 87	10 /2/9	10	87 that !	h (we) los
	220 certify that (1) (this hospital) ottended the (eccased from									
	- 1	Thove, (I) (we (did) did not) view the body after death. DEGREE 221. DATE SIGNED								
		ten	1	10.0	M.	ATTENDING	MEDICAL STA	FF.	12/15	67
		22d. PHWSICIAN'S NA	AE (TYPE OR PEINT)	eu		22e ADDRESS	DIRECTOR PHYSIC	IAN []	1710	31
V		Pal	-	+= 11 h			rrk Heigh	to A.o		
T		/HWI		rtz u.d.		1 6007 In		72 WE		
	730 E	URIAL, CREMATION, R		16/1003 12	SECUR	TORY INC	23d LOCATION	m	OUNTY	STATE
	04.51	CREMA			REMA		E DECID BY DECISION			mo.
7/84		MARY ENGEL EN EL			55	0.5	E REC'D. BY REGISTRAR	Z3b. REGISTRA	NA SIGNATIVE	
)	25	OI GWYNNS I	ALLS PKW	Y. BALLIMO	KE MD	21216	10 10 100	n		

2501 GWYNNS FALLS PKWY. BALTIMORE. MD. 21216

Establishment L. P. 1886 was a succession of the second 17.151 AND THE PARTY OF T 076456

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3 5 2

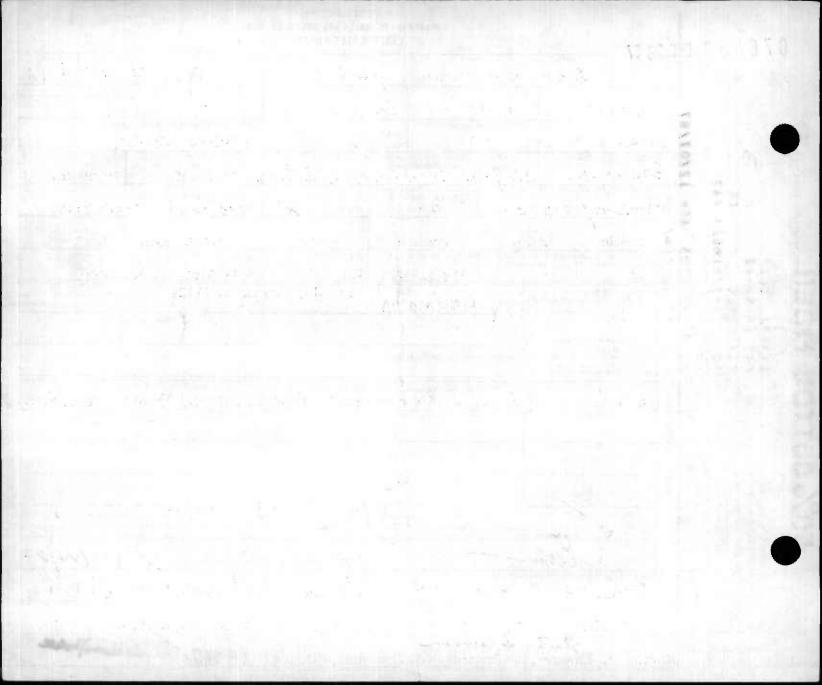
	FOR STATE OBEGISTRAR			EALTH AND MENTAL HYGI ICATE OF DEATH	ENE 7 3	5 2 5 6			
70	I DECEASED NAME FIRST	MIDDLE	1	AST	20 DATE OF DEATH MON	ETH DAY YEAR 26 HOUR			
1	(TYPE OR PRINT)	Marie Vo	shell Sw	artz	DEC	24 1987 4:NAM			
1	3 SEX	4 RACE		5. DATE OF BIRTH 6. AGE (IN YEARS (AS) BIRTHDAY) IF UNDER 1 YEAR					
) Female	White	Sent	ember 9, 1903	84	MONTHS DAYS HOURS MIN.			
3	70. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT C	OUNTRY? 8		9 BAITIMORE CITY OR C	OUNTY OF DEATH			
7	Maryland	USA	MARRIE	DIVORCED	Baltimore C	A			
P	10. CITY OR TOWN OF DEATH				12a USUAL OCCUPATION	126 KIND OF BUSINESS OR			
27	Baltimore USUAL RESIDENCE OF NURSING HE OR		Chronic C	are Hospital	Housewife	Homemaking			
N.	13a STATE NINCOUN	ITY 13c. CIT	Y OR TOWN		13e STREET ADDRESS / ZI				
녘		more Pr	ioenix	YES NO NO NO NAM		t Lane, #21131 .			
7		MIDDLE	LAST	FIRST	MIDDLE	LAST			
4		Ibert	Voshell	Annie	Elizab	eth Hart			
E	WAS DECEASED EVER IN U.S. AR. (YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SC E WAR OR DATES)	CIAL SECURITY NO.	17. INFORMANT	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
2	No	21	8-12-1662	Russell L. Sv	wartz 3100 Si				
1	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly ane cause per line for	ta), (b), and ici.	Phoenix, Mar	yland 21131	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
è		E CAUSE (a) PNE	MONIA						
é	Na Paris	DUE TO, OR AS A	ONSEQUENCE OF						
9	Conditions, if ony, which	(tb)				Maria de la companya della companya della companya della companya de la companya della companya			
	gove rise to immediate couse (a), stating the	DUE TO, OR AS A	ONSEQUENCE OF						
*:	was underlying couse last.	(c)							
	PART 2 OTHER SIGNIFICANT	ONDITIONS CONTRIB	ITING TO DEATH BUT	Α		ON GIVEN IN PART TIO			
	190 DATE OF DERATION 210. ACCIDENT WAS UNDERLYING	IF KESECTION	; KATIATION		ON ENTERITIS 9	PSMMI BOWER RESECTION			
1	M DATE OF OPERATION	196 CONDITION F	OR WHICH OPERATIO	N WAS PERFORMED		LETTES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?			
5	and the state of t				YES NO NO	YES NO			
1	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		ONTH DAY YEAR	21c. HOW INJURY OCCURRI	ED (ENTER NATURE OF INJURY IN	HEM IB PART I OR PART 2)			
P.	(IF EITHER NOTIFY MEDICAL EXAMINER	IA .	19						
	OR CONTRIBUTING CAUSE OF DEA	21e PLACE OF INJU	ORY OFFICE FARM ETC)	211 LOCATION	CITY OR TOWN	COUNTY STATE			
	MHILE NOT WHILE			0					
	22a 1 certify that the this hospi	tal) attended the desea	sed fram	17 . 19	_, to	, 19 , that (we) lost			
	sow the deceased olive on abave (me) (did		19 7 , or	d that in (our) opinion d	eoth occurred on the date of	and hour and from the causes stated			
	276 SIGNATURE			DEGREE		224. DATE SIGNED			
	Close	n		MY. ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	12/n/8+			
	224 PHYSICIAN'S NAME (TYPE O	R PRINT)	. 17	22e ADDRESS	2. 10.0 2.	1100110			
	ESTRELITA (O. KW,	Mil.	LEVINYAVE HEAD	NEW EBRUATRIC	CENTER !- HOSHIM			
	230 BURIAL, CREMATION, REMOVAL	236 DATE		EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE			
	Burial	12/28/87	Woodlaw	n Cemetery	Woodlawn, B	altimore Co, MD.			
	24 FUNERAL DIRECTOR Mark	n Dewe	ADDRESS		REC'D. BY REGISTRAR 256	REGISTRAR'S SIGNATURE			
	Martin D. Lawson	,10WPadonia	a Rd. Timo	nium, MD. UEC	2 8 1987	or vicentaria.			

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

should be detached for use as the burial-transit permit. The with the State Dept. of Health and Mental Hygiene prior to TO FUNERAL DIRECTOR. After this certificate has been

IMPORTANT, If them 21 is



			FOR				DEPART	STA		ARYLAN I AND MI		YGIENI	Ε .	qua	13	8 2)	
			STATE REGISTRAR			ME	DICAL	EXAMIN	NER'S	CERTIFIC	CATE	F DEA	TH 🗳	REG. NO.	6.	9 "		
1744	38 DEC -	PDR:	ASED NAMI	FI	IRST		MIDDLE			LAST		2	OF E	OWN 🔯	MONTH	DAY	YEAR	76 HOUR
	阿里斯里斯	7,117	ORPHNI		ank		Jase	ph	5	weder	. Sr.		DEATH M	ATED [12/	4/19	87	M
	N STREET	3. SEX	ale	4. RACE White		DATE OF BIRTH		6. AGE (IN Y	EARS IF LIE	NDER 1 YR.	IF UNDER		RONOUNCE DEAD	D	MONTH 12/	DAY 4/19	YEAR 87	2:58 P M
-	SAN THE C	70. BI	RTHPLACE (S JEIGN COUNTRY)	ATE OR	7	U.S.			8	IED KNE	VER MARRIE	ED 📗	Baltimor Balti	ECITY OR		OF DEA	TH	440
AI	PAGE 5	Baltimore				II. NAME OF HOSPITAL, NURSING HOME, OR OTH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 1215 Broening Highway							ION (TYPE O	DE WORK 126 KIND OF BUSINESS OR INDUSTRY Martin-		4		
21201	ANY DE COLOR	USUA 13a S	RESIDENCE			THER INSTITUTION, C	IVE RESIDENCE		ION)	13d INSIDE CI	ITY LIMITS?	13e STRE	5 Brue	ning	Hwy.	2122	Mari 4	etta
RE, MD.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		TOTHER'S NAME			MIDDLE		eder		F	R'S MAIDEI		MIDDI			LAST		
ALTIMO	AFER AREST	16a. V	AS DECEASE ES, 19 OR UNKNO	D EVER IN U.	S. ARME	D FORCES?		03-99		17. INFORM		V. 5	weder	1215	Broe	ning	Hwy	fo
DRDS, 201 W. PRESTON ST.,	WILD BE EXECUTED WITHIN 24 HOUR "PENDING" IN PENCIL IN ITEM IB "PENDING" IN PENCIL IN ITEM IB "BENDING" IN PENCIL IN ITEM IB SED AS A BURIAL - TREWIT "HEALTH AND MENTAL HYGIENE D AI, CREMATION, OR REMOVAL	7	Condition gave ri couse (o lying cas	ns, if any, se to immediately stoting the size lost.	Which ediote under-	(b)	Arter: RASACOM	LOSCIE NSEOUENCE NSEOUENCE	OF OF				Disea	se			n onset 1	AND DEATH
'AL RECO	오유구 5 5 2	CERTIFICATION	190. DATE OF OPERATION 196. CONDIT				ITION FOR	TION FOR WHICH OPERATION WAS PERFORMED?							20 AUTOPSY?			
DIVISION OF VITAL RECORDS, 201	CERTIFICATE SH LITING THE WOR DED TO THE CL E 3 SHOULD BE COPPARTMENT OF PRIOR TO BUR		214 EXTERNA UNDERLYING CONTRIBUTI	OR			M. MONTH	DAY YEA	AR 21c. H	OW INJURY	OCCURRE	D (ENTERN	IATURE OF INJURY	IN ITEM 18 PA	RT 1 OR PAR	YES	U	NO 🕄
DIVISI	A A B A B B B B B B B B B B B B B B B B	MEDICAL	21d. INJURY (WHILE AT WORK		LE 🗆		OF INJURY CTORY, FARM, E			STREET			CITY OR TOWN		COU	NIY		STATE
•	MEDICAL EXAMINER: CUTE THE CERTIFICATE SE 4 SHOULD BE FOR FUNERAL DIRECTOR: ER DEATH, WITH THE SET TIMORE, MARYLAND,		270. I certi death result ACTUAL SIGNATURE EXAMINER'S (TYPE OR PRI	NAME	Natural	causes A	A S	Sug	Autop	ADDRESS_		Undete	Inquiry Crmined mann	er .	DATE SIGNED	12	/5/8 201	37
07/84	Bb B	(5	URIAL, CREMA PECIFY) Bu	rial	VAL 23b	2-07-87		acred			esus	Dun	cation or town	Balte	Co.,	Md.	STA	TE .
25M	DHMH - 17 (VR A15 ME (5))	CH.	name larles.	S. Zei	ler	& Son J					250. DATER	7 409	REGISTRAR	256 REGIST	IRAR'S SI	CHATUR	L	

desta

resona Turcent

les - 1.1.2 2/2-2-197 leading! made 12/5 leading has

usical 12477- " Secret court of come trought, sollige, to

Junica . Liter Won Inc. 1924 when ve.

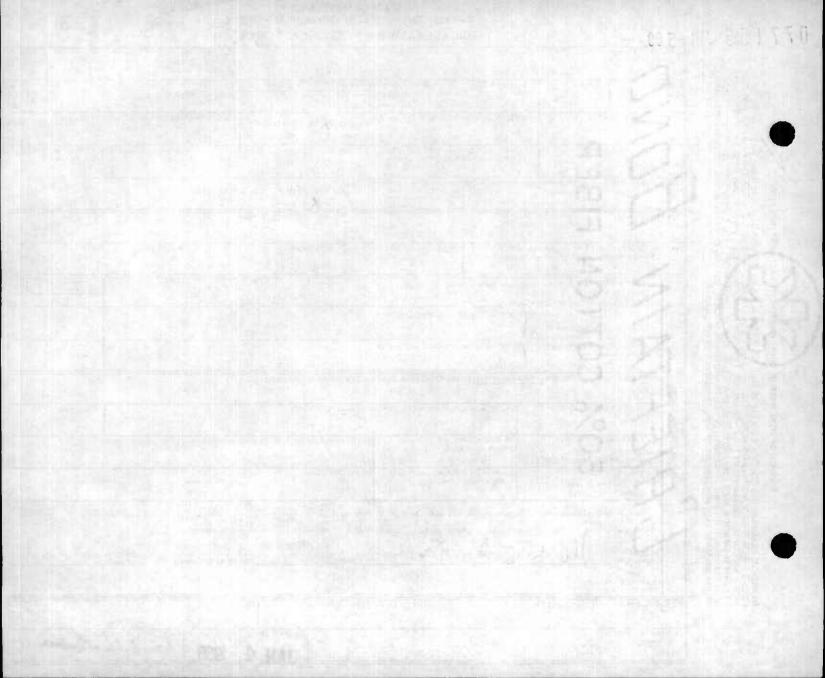
no the second

12: 15

ie like of 8 8 6

rendered U.S.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 077155 JAN MEDICAL EXAMINER'S CERTIFICATE OR DEATH 20 DATE KNOWN X MONTH 26 HOUR (TYPE OR PRINT) OF ESTI-E 5 FOR YOUR FILES. ED, WITHIN 72 HOURS I WARRESTON STREET, WILLIAM N. SWEET DEATH MATED 87 19 3 SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2c. DATE 2d HOUR MONTH LAST BIRTHDAY PRONOLINCED MALE 5 BLACK 10 DEAD 29 87 19 76. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! USA WIDOWED [DIVORCED OURS AFTER DEATH. IF ANY DELAY IS ANY GOVE PAGES 1.2, AND 3 TO THE FULL OF WITH FORM PAGE SHOULD BEFLIED INT. PAGES 1.4ND & SHOULD BEFLIED IS. DIVISION OF VITAL RECORDS, 203 Baltimore City IB CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS HE NOT IN SUCH FACILITY, GIVE STREET ADDRESS) OR INDUSTRY Baltimore street - 2242 Madison Ave. CONSTRUCTION NA USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e. STATE 136. COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS BALTIMORE 2252 MADISON AVENUE YES X 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST FIRST 1AST UNKNOWN JOSEPH SWEET 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17 INFORMANT ADDRESS (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 154-09-0809 MINNIE SWEET 2252 MADISON AVENUE MARCALONG WITEWAST PERMIT. PER 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE DESCRIED WITH SECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PRIOR PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINED FOR INSERT DIRECTOR, PAGE 3 SHOULD BE USED AS A BURIAL THE STATE DEPARTMENT OF HEALTH AND BE USED AS BURIAL BALLIMORE, MARYLAND, 21201 PRIOR TO BURIAL. gave rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) CERTIFICATION 19g DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO X 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE CITY OR TOWN WHILE AT WORK COUNTY STATE Inspection X 220. I certify that I took charge of the remains described above, held an Autopsy and in my apinion deoth resulted from Notural causes Suicide Homicide Undetermined monner TITLE (SPECIFY) ACTUAL 12-30-87 Mn Assistant. **SEGNATURE** EXAMINER'S NAME Margarita A. Korell, M.D. 111 Penn St., Balto., MD (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d LOCATION STATE BURIAL 1/5/88 EASTVIEW CEMETERY DUNDALK MD 07/84 BP 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 17 MARCH F/H, INC. 1101 E. NORTHAVENUE (VR A15 ME (5))



STATE OF MARYLAND

>	17	52	2	8	4
1	REG. NO.	treat	2.4	-	

0745	7 2 DEC -	9	FOR TATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 8 7 REG. NO. 5 2 5 4
6 hours often death. Page 4 may be	led in by the functor director, page 3 ld be field within 72 hours ofter death, all be applied dreages?	7a. B	THPLACE ISTATE OR FOREIGN TO CITIZEN OF WHAT COUNTRY? AMARRIED NEVER MARRIED NEVER MARRI
RE MARYLAN		16a \	THER'S NAME FIRST MIDDLE MIDLLE MID
W. PRESTON ST., BALTIM	by the attending payments ember contain both it is embled in the contain after the contain in th		18 CAUSE OF DEATH (Enter only one couse per fine for (o), (b), and (c)) PART I. DE ATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stofting the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF
OF VITAL RECORDS, 20	physicion. rificate has been signed obtronal permit. Then ple mai Hygiene prior to burion in Esbery, on y hivry, or	AL CERTIFICATION	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO 210 NO 210 NOTHIBUTING CAUSE OF DEATH OR PART 1:0 R PA
DIVISION OF ATTENDING PHYSIC	by the holpinol or ottending RAI, DIRECTOR After this ce deficited for use or the burn State Dapt of Health and Man MT. If hen 21 is marked or the	MEDICA	P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY 19 10 10 10 10 10 10 10
0 HO HO HO	26	23a.	RUBEN RELIGIOSA. M.D. 7445 FURNACE BRANCH BOOK OF COMETERY OF CREMATORY 238 LOCATION DITTOPLOYED STATE OF CREMATORY 23
DHA	MH - 16 60M 7/84 (VRA 15, 4)	24 F	Neral Director March F/H Agoress E. North Ave 25 DEC 08 1987 Julia Bandon: Radses

page deo

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	4
CERTIFICATE OF DEATH	

'GI	ENE 7 3 5	285
i	Der 7	DAY YEAR 126 HOUR 315 AM
	6. AGE (IN YEARS LAST BIRTHDAY) 55 YRS.	IF UNDER TYEAR IF UNDER 24 HRS
]	9 BALTIMORE CITY OR COUNT Baltimore Ci	
	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING) Housewife	176 KIND OF BUSINESS OR INDUSTRY Own Home
		DE le Grove Rd. 212
la	WIDDIE	Shureing
S	zymanski Same	
11	apse	APPRÖXIMATE INTERVAL BETWEEN ONSET AND DEATH
MI	nal disease or condition g	
	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? (ES \(\sum \) NO \(\sum \)
RRI	ED (ENTER NATURE OF INJURY IN 17EM 18	PART I OR PART 2)
-	CITY OR TOWN	COUNTY STATE
1	to Decli	10 C / that //\ (we) last

REGISTRAR FIRST MIDDLE LAST TYPE OR PRINTS Marie Szymansk Ann 5. DATE OF BIRTH 3. SEX 4 RACE MONTH January 10, 1932 White Female TO BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED ANEVER MARRIED Maryland USA WIDOWED DIVORCED CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION Union Memorial Hospital Baltimore SUAL RESIDENCE (III IRSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? Baltimore Baltimore Maryland YES | NO X FATHER'S NAME IS. MOTHER'S MAIDEN N MIDDLE LAST Joseph Ares Lucino WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT 215-28-0296 Herman R. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (o), stating the AS A CONSEQUENCE OF underlying couse last ure PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER rena 146 A 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCL HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 270.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive on ______(above, (1) (we) (did) (did not) view the body after death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22t. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS tenc Union Memorial Hopsital

230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

23b. DATE

23c NAME OF CEMETERY OR CREMATORY Sacred Ht. of Jesus 23d. LOCATION CITY OR TOWN Baltimore Maryland

STATE

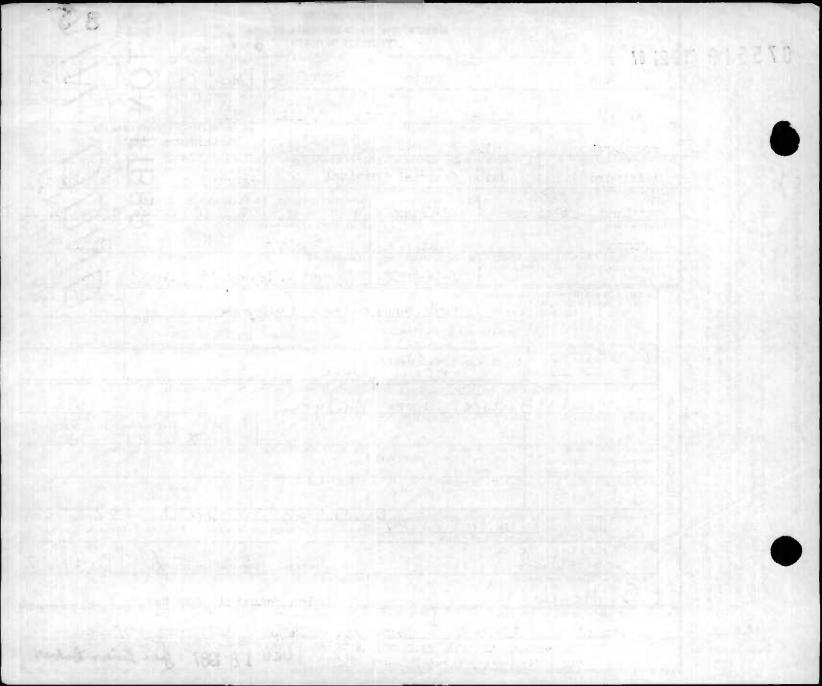
24 FUNERAL DIRECTOR NAME

FOR - STATE

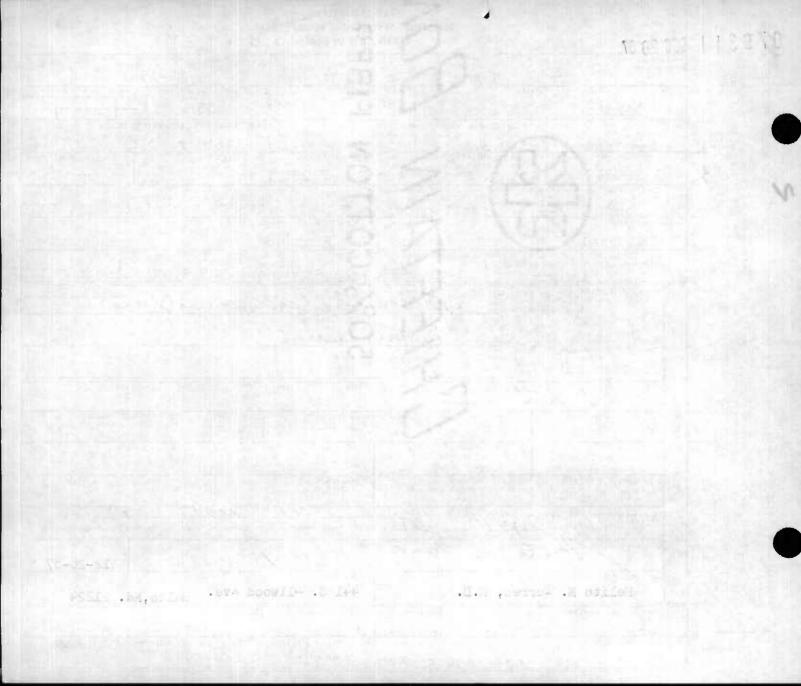
> Duda-Ruck Funeral Home of Dundalk 7922 Wise Ave. Dundalk, MD

DHMH - 16 60M 7/84 (VRA 15, 4)

CREAM



	1				STAT	E OF MARYLAND			20 1
	1	FOR STATE		DEPART		EALTH AND MENTAL HYGI	ENE	3 5 2	8 0
3	DEC	281587R			CERTII	ICATE OF DEATH	B REG. N	10.	
	1. DE	CEASED NAME	FIRST	WIDDLE	197	IAST	20 DATE OF DEATH	MONTH DAY YEA	AR 2b. HOUR
	(TYP)	OR PRINTI	Mary	Carmel	Szv	manski		12-26-198	7
	3. SE			RACE	5 DATE		6 AGE (IN YEARS LAST BI	RTHDAY) IF UNDER TY	YEAR IF UNDER 24 HRS
		Female		White	02	- 13 - 192	1 56	MONTHS D	ATS HOURS MIN.
28		RTHPLACE (STATE OR FO	DREIGN 76	CITIZEN OF WHAT COUNTRY	? 8		9 BALTIMORE CITY	OR COUNTY OF DEATH	Н
0		Marvland		U.S.A.	WIDOWI	D NEVER MARRIED .	Baltimo	re City	MD.
1	10 C	TY OR TOWN OF DEA	TH 1	I. NAME OF HOSPITAL, NURSI	NG HOME		12a USUAL OCCUPAT	ION 12h KIN	ND OF BUSINESS OR
20		Baltimore		325 S. Washi	ngton	St. 21231	Housewi	fe INDUS!	TRY
Car.		AL RESIDENCE (IF NURSIF	136 COUNT			13d INSIDE CITY LIMITS?	13e STREET ADDRESS	/ ZIP CODE	
med a		ryland		Baltim	ore	YES 🕅 NO 🗌		ashnigton	St. 2123
J	14 F/	THER'S NAME	AA I	DDLE LAST		15. MOTHER'S MAIDEN NAM	NIDDLE MIDDLE		LAST
ì		Michael		Szymans	ski	Florence	:e	U	nknown
2		VAS DECEASED EVER I		ED FORCES? 166 SOCIAL SEC	URITY NO.	17. INFORMANT	ADDR	ESS	
		No	TIP TES GIVE V	218-01-	-0995	John Szyman	ski 325	S. Washin	gton 2123
		18 CAUSE OF DEATH	rEnter only	one cause per line lar igt. (b	nd rem	0 0 0	4		PROXIMATE INTERVAL
			AS CAUSED MMEDIATE		Nosa	Gerolic Caro	liv otraila	1 Desero	
		STORY BA	MMEDIATE		W 155 054				
		Canditions, if any,	which	DUE TO, OR AS A CONSECU	Len	13 deroni			
		gave rise to imm couse to, stating	ediote) (8)					
		underlying cause	lost	DUE TO, OR AS A CONSEQU	JENCE OF				
		PART 2 OTHER SIGN	EICANT CO	NDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CON	DITION GIVEN IN PAR	I lug
	CERTIFICATION	V	1 1	le mellilles		THE TENTES TO THE TENTES	TAL DISEASE ON CON	DITION GIVEN IN I AK	110
1	CAT	190 DATE OF OPERAT	ION	196. CONDITION FOR WHICH	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE FIN IN CERTIFYING CAU	NDINGS USED
1	FIE						YES NO	YES	NO [
)	E.	210. ACCIDENT WAS UNDE		216. TIME OF INJURY HOUR A.M. MONTH D	NAV VEAD	21c. HOW INJURY OCCURRI	D (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PART	2)
	A	OR CONTRIBUTING C		P.M.	19				
	MEDICAL	21d. INJURY OCCURRE		21e PLACE OF INJURY		211 LOCATION	CITY OR TO	OWN COUNTY	STATE
	2	WHILE NOT WHILE	E 🔲	(AT HOME STREET, FACTORY OFFICE	FARM ETC)	SIMPEL	CITORIC	WN COONTY	STATE
				attended the deceased from	mar a	30 1977	10 nov1	7 1987	, that (I) (we) last
		saw the deceases	d plive on	Mov / 19_19_		nd that in (my) (our) opinion d	eath accurred on the d	ate and hour and from	
		22b SIGNATURE	di (dia not)		_	DEGREE		22c D	ATE SIGNED
	1		me	10 12-10	20	ATTENDING	MEDICAL STA	FF 3	2-28-87
		22d. PHYSICIAN'S NA	ME (TYPE OR P	RIN1)		22e ADDRESS	DIRECTOR PHTSIC	IAN L	.2-20-07
	7	Melito	M. To	rres, M.D.		441 S. Ellw	ood Ave.	Balto, Md. 2	21224
	23a 8	JURIAL, CREMATION, R	EMOVAL	23b. DATE 23c	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	-aroonar c	
		Burial	Ev I	12/30/87 St	- C+	anislaus Cem	CITYORIOWN	COUNTY	STATE
	24 FI	INERAL DIRECTOR			. 56	250. DATE	REC'D. BY REGISTRAR	More M	aryland
4		Lilly & Z	ei.	ADDRESS	n Arre	. 21231	28 1987	The property	Comment
	_	y & /	eller	1901 Easter	AVE	• 21231			



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR SEC SED NAME 20. DATE KNOWN X (TYPE OR PRINT) OF ESTI-OVERAL DIRECTOR. S FOR YOUR FILES. WITHIN 72 HOURS Catalina Fagel Tabone 19 87 DEATH MATED 3 SEX IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE 12:26 P M YEAR LAST BIRTHDAY PRONOUNCED 25 46 Female Oriental 11 41 DEAD 10 87 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED T NEVER MARRIED FOREIGN COUNTRY USA Philippines Baltimore City WIDOWED DIVORCED S TO THE PL IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION LIVE OF WORK 126 KIND OF BUSINESS OR INDUSTRY Homemaker Baltimore University Hospital STU SHOULD BE SUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 136 COUNTY 13c CITY OR TOWN 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? Harford Darlington 4104 Conowingo Road Maryland 21034 NO X FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST MIDDLE LAST UNK UNK 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS Loreto M. Tabone S.A.A. 380-90-8319 DINIS WITH T. PA 18 CAUSE OF DEATH (Enter anly one couse per line for (a), (b), and (c).) APPROXIMATE INTERVAL EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM I PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG TO FUNEATOR. PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT AFFER DEATH, WITH THE STATE DEPARTMENT OF HEATTH AND MENTAL HYGIENE. BALTRINGRE, MARYLAND. 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Multiple Injuries IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ID CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NO . 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY UNDERLYING TO CONTRIBUTING CAUSE OF DEATH 11:00%. subject precipitated from dam 21e PLACE OF INJURY 21d. INJURY OCCURRED 211. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE AT WORK dam Coniwingo Coniwingo Dam, Cecil, Md. 22s. I certify that Wook charge of the remains desp Inspection Inquiry and in my opinion death resulted f Undatermined manner Assistant_MEDICAL EXAMINER 12/4/87 EXAMINER'S NAME Dennis F. Smyth, M.D. 111 Penn St., Balto., Md. 21202 (TYPE OR PRINT) ADDRESS 230, BURIAL, CREMATION, REMOVAL 23b, DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial Havre de Grace, Harford Md. 12/05/87 Angel Hill Cemetery 07/84 24. FUNERAL DIRECTOR 251 REGISTRANS SIGNATURE **DHMH - 17** Tarring Funeral Home, PA, Aberdeen, Md. 21001-3399 (VR A15 ME (5))

				STATE OF MARYLAND		
	1.	FOR STATE	DEPART	MENT OF HEALTH AND MENTAL HYG	IENE -	5 2 8 8
7 5 7 1 1 050		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	Control of the Contro
U / J J 4 DEQ	I. Di	CENTED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
oy be age 3 death	(14b)	JAME JAME		ABRON	1-	2-11-87 "
moy be page fer deat	3. SE		ACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 21 HRS
4 9 9	- 10	m	Alagan	MONTH - 20- 13911	CIA	MONTHS DAYS HOURS MIN.
\$ 50 mm	70 B	RTHPLACE (STATE OR FOREIGN 7b. (CITIZEN OF WHAT COUNTRY	2 8.	9 BALTIMORE CITY OR COU	NTY OF DEATH
oncolo of the		country (11.100	MARRIED WEVER MARRIED	BAIT	71.
ter deoth. he funeral i within 72 h	10 C	ITY OR TOWN OF DEATH	NAME OF HOSPITAL NURSE	NG HOME OF OTHER INSTITUTION	120 USUAL OCCUPATION	12b, KIND OF BUSINESS OR
s offer		BAKTO.	CIENOTIN SUCH EACHLITY OVE STREE	Medical Center	TYPE OF WORK FOR MOST OF WORKING	
be t	USU	AL RESIDENCE (IF NURSING HOME OR OTHE			Lu expess conces can e	- 11 - 1
filled filled fuld foold	30.	13b COUNTY	13c. CITY OR TON	TO YES NO [3700 File	ENHI1/ 21215
hi hi	14. F/	THER'S NAME	LE , AAST	IS MOTHER'S MAIDEN NA	ME	TPAL
i 3500	4	3awrra	TABROI	n Rebe	CCA	SNOW
14 (191) 4 /		VAS DECEASED EVER IN U.S. ARMED		URITY NO. 17 INFORMANT	ADDRESS	- 1112/3/3
1 2 2 2		160 -	- 244-12	0325 Ihomas 11	96ron 3700	t-enthill Rd
-64		18 CAUSE OF DEATH Enter only o	ne couse per line for (0), (p), o	nd (ct)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1 4411		PART I. DEATH WAS CAUSED BY IMMEDIATE C	- Colombia	ente MI.		
b cer dring or re or re		MERCHANIST TO STATE OF THE STAT	DUE TO, OR AS A CONSEQU	IENCE OF		
dea		Conditions, if any, which	(b)	0002		
the a rema emot		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQU	IENICENOS .	,	
oth oth		underlying couse lost.	(c) A	danons de		
V 000 -		PART 2. OTHER SIGNIFICANT CON		DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 110
en sign Then print to bu	O					
ow remit.	CERTIFICATION	196 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b II	FYES, WERE FINDINGS USED
0 5 0 0 5 3	I H	CHARLES TO SEE THE			YES NON INCE	RTIFYING CAUSES OF DEATH?
AN: The An: Th	8	210 ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEA	
SICIAN: TI ng physici certificate orial-transit entol Hygi		OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH D	PAY YEAR		
HYSICI, his certification of them or them.	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY	21f LOCATION		
	¥.	WHILE NOT WHILE	(AT HOME STREET, FACTORY OFFICE,	FARM, ETC.) STREET	CITY OR TOWN	COUNTY STATE
After the as the marked		220.1 certify that (1) (this haspital)	attended the deceased from	MAR 10 70	1 N-110	19 87 that (I) (weillost
OR OR I		sow the deceased alive on	Na118 19	Ph, and that in (my) (our) apinion	depth occurred on the date and	The state of the s
OR ATTEN to haspital DIRECTOR ached for ur Dept. of Hem 21 is		obove, (1) (we) (did) (did not) via	withe body offer death.	DEGREE		22c DATE SIGNED
OR A he has DIREC ached ached tem		100 100	0		MEDICAL STAFF DIRECTOR PHYSICIAN	12/14/87
ITAL by th Store codeto		22d PHYSICIAN'S NAME ITYPE OF PRI	- Lung	PHYSICIAN [DIRECTOR PHYSICIAN	20,20,01
HOSPITAL bined by th FUNERAL buld be det th the Stote		Myung H	. Chung M.		alameda Ral	Lto., MD 21239
TO HOSPITAL retoined by th TO FUNERAL should be dert with the Store IMPORTANT: I	1					212)9
		SUPIAL CREMATION, REMOVAL 2	31. DAT 15/15/236	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY // STATE
BP	0		11/8/1	ECSCHAPEI LAPI	Sh. 11/12/	on 11.C.
DHMH - 16 60M 7/84	24 FI	HYERAL DIRECTOR	A // ADDRESS	1000 / 15/ 19 DAT	E REC'D. BY REGISTRAR 25b. RE	GISTRAR'S SIGNATURE
(VRA 15, 4)	L	Jens Fyner	- I FUNC!	LARGINE VEU	10 1987 Julia	Deinden-Hendell

13/14/35

Myene M. Chun, M.D. Soyo The Almeda Calto., and 21239

BP.

DHMH - 16 50M 1/81 (VRA 15, 4)

3 3

				STATE	OF MARYLAND				
	1.	FOR STATE	DEPART	MENT OF H	EALTH AND MENTAL HYG	IENE	3 5	2 8	9
EC I	87	REGISTRAR		CERTIF	CATE OF DEATH	8 REG. NO	0.		
		CEASED NAME FIRST	MIDDLE	U	AST	20. DATE OF DEATH	MONTH DAY	YE AR	26 HOUR
	(TYPE	OR PRINT)	a J	Tai	1/ex	12	12	87	12 PM
	3. SEX		1. RACE	5. DATE O		6. AGE (IN YEARS LAST BIR		NDER I YEAR	IF UNDER 24 HRS
	-	Female	Black	MONTH 1 C		17	YRS.		HOURS MIN.
1	70. BI	RTHPLACE (STATE OR FOREIGN	L. CITIZEN OF WHAT COUNTRY?	MARRIET	NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF	DEATH	
1		Baltimore	USA	WIDOWE		Baltin	nore C	14-4	MD.
3/	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		R OTHER INSTITUTION	126. USUAL OCCUPATI		2b. KIND OF	BUSINESS OR
3/5	33	Daltimore	University of	-	yland	611	n+	A	1/A
37	USU/	AL RESIDENCE (IF NURSING HOME OF COTATE 13b. COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE		134 INSIDE CITY LIMITS?	13e. STREET ADDRESS	2	12	IX
L	100	m D	Baltimo		YES NO	27481	enwic	KAL	e.
1	14. FA	THER'S NAME			15. MOTHER'S MAIDEN NAM	ΛE			, ,,
10		Charles	tal.	ley	GNENdo	MIDDLE	R	2N5	15.11
1		VAS DECEASED EVER IN U.S. ARA		RITY NO.	17 INFORMANT	ADDRE		ANCE	1011
2/	()	YES, NO OR UNUNOWN) (IF YES, GIVE	WAR OR DATES) 217-94-	5240	GNEndolyn	Worsley 2	748 Fem	vic KA	ve
¥		IR CAUSE OF DEATH (Enter pol	y ane cause per line far (a), (b), an	d (c))			T	APPROXIM BETWEEN OF	ATE INTERVAL NSET AND DEATH
1		PART I. DE ATH WAS CAUSED	BY: Intraci		al Hemorrho	ang l			hours
y.		IMMEDIATI	Chool (o)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7			
-		Conditions, if any, which	DUE TO, OR AS A CONSEQUE		iratory Dist	ress Sync	trone		
-	1	gave rise to immediate cause (a), stating the	10)			1			
othe		underlying couse last.	DUE TO, OR AS A CONSEQUE	P. Ce	11 Disease				
ō		PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO				DITION GIVEN I	N PART 110	
رمار	Z								
À	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, WI		
3	E S		The second			YES NOT	IN CERTIFYING		OF DEATH?
Sho	W. W.	216. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	0 W B	21c HOW INJURY OCCURR				
E G		OR CONTRIBUTING CAUSE OF DEAT							
= /	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 21e. PLACE OF INJURY	19	21f. LOCATION				
opo	ME	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE, F	FARM, ETC.)	STREET	CHTY OR TO	WN	COUNTY	STATE
marked		AT WORK AT WORK	the model at the decree of the	121.	3 10 87	12/1	2 10	87	
. 2		saw the deceased alive an.	ol) attended the deceased from_	271	d that in (my) (aur) apinion of	death accurred on the d	ate and hour an		hat (I) (we) last
B 2		above, (I) (we) (did) (did not 22b. SIGNATURE	view the body after death.		DEGREE		310 0110 1100 OT	22c. DATE S	
If hem		IN SIGNATURE	1. 7	Kan	ATTENDING	MEDICAL STA		12/	12/87
<u> </u>		22d PHYSICIAN'S NAME ITYPE OF	n xurizman	ran	PHYSICIAN [DIRECTOR PHYSIC	IAN	100/	101
RTA		Share Straws	Switzman Ka		22 Sout	L Greene	Stree	. + Bc	2 Honore
MPORTANT		- naron			1000		W 1 - 1	1/5	B 21201
		BURIAL, CREMATION, REMOVAL (SPECIFY)	23b. DATE 23c 1	NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	cc	DUNTY	STATE
-		BURTAL	12/18/87 AF	RBUTH	S MEM PK CE				MD
/B1		UNERAL DIRECTOR M NAME MADCH F	/H 1101 E. ADDRESNO	ווים מו		E REC'D. BY REGISTRAR	256. REGISTRAR	S SIGNATU	JRE .
	W	M. C. MARCH F	/H IIUI E. NO	KIH	AVENUE DEC	1 7 1987 9	cha days	Mr- Nost	,

THE U & 030

(VRA 15, 4)

07564

moy be

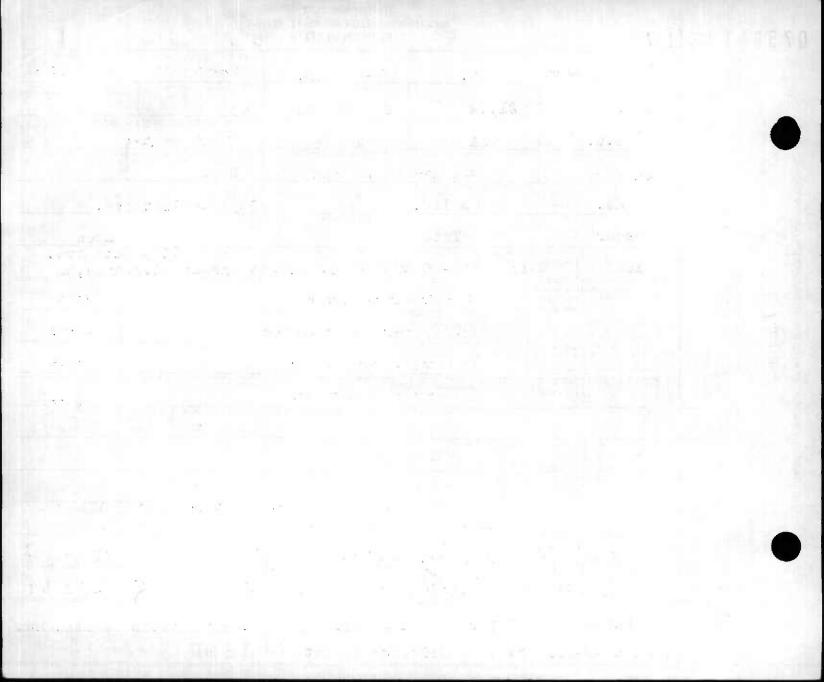
by the funeral director, page 3 tiled within 72 hours after death

51	A	TE	OF	M	AR	YL	AND)	
 				711					

DEC	61.	FOR STATE REGISTRAR	DEP		IEALTH AND MENTAL HYG	B 7	3 5	2 9	1			
020	20.0	CEASED NAME FIRST	WIDDLE		LAST	20 DATE OF DEATH	MONTH D	AY YEAR	26 HOUR _			
	TYPE	Henry	D.	TA	TE Sr.	December	11, 1	987	10:54 N			
	3. SE	Х	4. RACE	S. DATE C		6. AGE (IN YEARS LAST BI		IF UNDER TYEAR	IF UNDER 24 HRS HOURS MIN.			
		Male	Black	B	17 24	63	YRS	ONIHSI DAYS	HOURS MIN.			
7		IRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNT	TRY? 8 MARRIE	D NEVER MARRIED	NEVER MARRIED 9 BALTIMORE CITY OR COUN						
6		S.C.	USA	USA WIDOWEDK DIVORCED Baltimore Cit								
40	10. €	TY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE S	STREET ADDRESS)		(TYPE OF WORK FOR MOST O						
Ti-	USU.	Baltimore AL RESIDENCE HE NURSING HOME OF		NSTITUTION GIVE RESIDENCE BEFORE ADMISSION)								
and the	13a. 5	Md. 136 COU		TOWN	134 INSIDE CITY LIMITS?	13e STREET ADDRESS 2031 Mad		Rve	M			
abc	14. F/	Ofcar	MIDDLE Tat	е	15. MOTHER'S MAIDEN NA	WE		Ross				
100		WAS DECEASED EVER IN U.S. AF		SECURITY NO.	17 INFORMANT	ADDR	345 (4th				
event, the medical	L	YES, NOOR UNKNOWN) (IF YES, GI	WII 250-20	0-8758	Mable A.Ta			rdale,	Md			
vol.		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly ane couse per line far (a), (b	o', and (c'.)				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ACUTE				
event, t			TE CAUSE (a)	cular a	rrythmia			a	cute			
traumotic			DUE TO, OR AS A CONSI	EQUENCE OF	ial Infarctio	n		ac	cute			
iol, crematio ar other trau		Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause last.	DUE TO OR AS A CONSI	EQUENCE OF	ry disease				ears			
buriol ry, ar		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CON	DITION GIVE	N IN PART 110	0			
5.5	8		,	uears								
ows ony	CERTIFICATION	198. DATE OF OPERATION	196. CONDITION FOR WE	196. CONDITION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY? 200 IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DEA YES NO					
of Health and Mental Hygiene prior 21 is marked or Item 18 shows any		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PA	RT I OR PART 2)				
or h	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATION	CITY OF TO	OWN	COUNTY	STATE			
hone	1	AT WORK NOT WHILE										
reolt is mo		220.1 certify that 🗷 (this hasp	nital) attended the deceased fr	_{rom} <u>June</u>	, 1986				that 街 (we) last			
of He		apove W. [wei Idid] Dubled	December 11	1987.0	nd that in (my) (Mor) opinion	death occurred on the d	ate and hour					
PORTANT: If Item		" Tobel	FF CIAN [12- DATE	11-87							
PORTANT:		POBEY9	E. ROBAL	1, M.D.	6 WILT	BURRY	a	21	234			
3/		BURIAL, CREMATION, REMOVAL	L 236. DATE	NAME OF C	EMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE			
D.		Burial	12/18/87	King .	Mem. Park	Randall	stown	203 19	to. Md			
OM 7/84		uneral director hatman-Harris	- PC 1701 14DDR	94.11ab	C+TO+ "NF	Randal I Rec'd. By registrar C 1 Q 1097	256 REGISTR	AR'S SIGNAT	URE			
, 4)	U.	natman-marris	S IM I/OI MC	CULTON	Prieer	- 70 1301	0	P-41	40			

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicion should be detached for use as the burnol-transit permit. Then please remove corbon papers. P with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HY	GIENE						
CERTIFICATE OF DEATH	8	1	REG.	NO/	5	2	
LAST	20.	DATE OF	DEATH	MONTH		DAY	YE.

3

		REGISTRAR		CEICIT	TRAIL OF DEATH	REG. N	اها	En V	Ca .
		CEASED NAME FIRST	WIDDLE		LAST		MONTH	DAY YEAR	26 HOUR
		GERALDI	INE H	TAYI	OR_	SATURDAY	DEC	19 1987	1:25P.M.
	3. SE	X	4. RACE	5. DATE	OF BIRTH	6 AGE (IN YEARS LAST BI	RTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
		FEMALE	BLACK	DE		61	YRS.	MONINS DATS	HOURS MIN.
non,	7a. 81	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHA	T COUNTRY? 8.	IED NEVER MARRIED	9 BALTIMORE CITY	R COUNT	Y OF DEATH	
2		VIRGINIA	US of A	WIDOV	VED DIVORCED		MORE	CITY	MD.
5	10. CI	ITY OR TOWN OF DEATH	(IF NOT IN SUCH FACE	LITY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	170 USUAL OCCUPAT			OF BUSINESS OR
_	2	BALTIMORE		2 REISTERST		RETIRE			. SCHOOLS
5	13c. S	AL RESIDENCE I IF NURSING HOME OR STATE 13b. COUN	NTY 13c.	RESIDENCE BEFORE ADMISSION CITY OR TOWN BALTIMORE	13d. INSIDE CITY LIMITS? YES NO	13e.STREET ADDRESS 3812 REJ			AD 21215
1	14. FA	ATHER'S NAME	WIDDIE	LAST	15. MOTHER'S MAIDEN NAM		1 1 1 1 3	Mar. 1	
C		WILLIAM	L.	HENRY	ALÎCE	MIDDLE		BRO	
		WAS DECEASED EVER IN U.S. AR	MED FORCES? 166.	SOCIAL SECURITY NO.	17. INFORMANT	ADDR	ESS		
1	15.	NO	21	5 22 9742	MR. GERALD	TAYLOR 301	8 WAY	NE AVE	21207
P		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly one couse per line f	or (0), (b), and (c).)	HY PEXTEUSIO			BETWEEN	MATE INTERVAL ONSET AND DEATH
		IMMEDIAT		61	mo's				
				A CONSEQUENCE OF					
1		Conditions, if any, which gove rise to immediate	((b) 1A	MAISTITIAN	PNEUMUNIT	MS		1/1	n.
		couse (a), stating the underlying couse last.	DUE TO, OR AS	A CONSEQUENCE OF					
			(c)						
	N N	PART 2. OTHER SIGNIFICANT OF		IBUTING TO DEATH BU	T NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIV	VEN IN PART 116	3
	CERTIFICATION	19a. DATE OF OPERATION		FOR WHICH OPERATION	ON WAS PERFORMED	20e AUTOPSY?	20b. IF YES	S, WERE FINDIN	VGS USED
2	FE	NA	A E/F			YES IN NOX	IN CERTIF	FYING CAUSES	OF DEATH?
-	CER	210, ACCIDENT WAS UNDERLYING	216. TIME OF INJ		21c. HOW INJURY OCCURR				100
1		OR CONTRIBUTING CAUSE OF DEA		MONTH DAY YEAR					
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF IN	IJURY	216 LOCATION STREET	CITY OR TO		COUNTY	STATE
	Σ	WHILE NOT WHILE AT WORK	TAT HOME, STREET, FA	CTORY, OFFICE, FARM, ETC.)	SIREEI	CITY OR IC	WN	COUNIT	STATE
		22a.1 certify that (I) (this hospi			UNE 1987	to_DEZEM	BEN	19_50	that (i) (we) lost
	3	sow the deceased olive on above (1) we) (did (did no	Dview the body ofter	death. 19, c	and that in (my) our) opinion o	deoth occurred on the d	ote and hou	ond from the	couses stated
		226. SIGNATURE	111	200	DEGREE	,		220 DATE	SIGNED
		mount	IL INON	VVVI	PHYSICIAN PHYSICIAN	MEDICAL STA	IAN 🗌	14/3	21/87
		278. PHYSICIAN'S NAME ITYPE O		W D	22e ADDRESS PHIM	NAWY DIVIS	IUN	S. A. D. A.	74-1-2
		PENELOPE I	, 3 WII, 1	والمرد الم	SWA	HUS! ITM	1215	H IMUUS	
		BURIAL, CREMATION, REMOVAL			CEMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE
		BURLAL	12/24/87	CREST	LAWN CEMETERY	MARRIOTTE	SVILL	E (HOWA	
	24. FU	UNERAL DIRECTOR	LEAR DIE	ADDRESS	1 Table 2	REC'D. BY REGISTRA	75h REGIST	TRAFS SIGNATI	ORE.
		LEWIS T. GWYNN	4517 PARE	C HEIGHTS A	VE. 21215	40 BB/ 8	THE RESERVE	man-sh.	

DHMH - 16 60M 7/84 (VRA 15, 4)

IAPORTANT: If them 21 is marked or them 18 shows any injury, ar other traumatic event, the medical expenses

	sitona.		LAYEY	•	arctana) y	
	75	13, 1920		BAK.	i du	101
YEL BUSINESS		*		a lo Ni	America	
1930 - 1246 S. Sal		To those is		3813.6	10 d. 15	in L
The min allowed that I	580	J.	40,000	The last	Great Great	Madi
		AU. In			• • • • • • • • • • • • • • • • • • • •	
313	AG ITS AC	Line Outline	2.17	215 2		20
23/4/17		avista da	TRANSM			
199	27	(66.4.13.14.	Juli III	MAL.		
					C. FERRIT	
X					MA	
G Les Serves		2	half?			
CIVE VI	To X				Westlant I	
Tomorra Att M		iid		8-14 11-67 5	A SECULAR	9
						19

6 6

moy be

STATE OF MARYLA	AND
-----------------	-----

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	-4	-	2	0	
	3	-3	2	1	
_					

ı	1	FOR STATE	DEPAR		EALTH AND MENTAL HYG	IENE 3 5	2 9 3
		REGISTRAR		CERTIF	ICATE OF DEATH	8 / REG. NO	- 0
3		EASED NAME FIRST	MIDDLE	L.	AST	20 DATE OF DEATH MONTH	DAY YEAR 25 HOUR
1		ORPRINT) CODALL	1	-11	110	12 -	11-01148
١		GCRALdIN	C. L.	14	1101	100	(1 6/ 10 CPW
1	3 SEX	4	RACE	5. DATE/C		6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
1		Female	White	12	20 23	64 YRS	
1		THPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTR	8 YY		9 BALTIMORE CITY OR COUNT	Y OF DEATH
4	C	OUNTRY)	7T C A	WIDOWE	DE NEVER MARRIED DIVORCED	Baltimore Cit	755 440
	10 CII	Md.	1. NAME OF HOSPITAL, NUR			12ª USUAL OCCUPATION	125 KIND OF BUSINESS OR
			(IF NOT IN SUCH FACILITY, GIVE STR	REET ADDRESS)		(TYPE OF WORK FOR MOST OF WORKING L	FE) INDUSTRY
1		Balto.	Bon Secours		ıl		per-Westinghouse
å	130. ST	L RESIDENCE (IF NURSING HOME OR OT	Y 13c CITY OR TO	OWN	13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP COD	E Balto., Md.
d	1	Md.	Balto.		YES NO	432 S. Smallwood	St. #21223
1	14. FA	THER'S NAME			15. MOTHER'S MAIDEN NA		
			DDLE LAST		Bessie	MIDDLE	Martin
4	14a W	Franklin P. (AS DECEASED EVER IN U.S. ARME	ED FORCES? 166 SOCIAL SE				
1			WAR OR DATES)			.Smallwood StB	
			217-18-	0305	Mr. Donald F	.Neville	#21223
ľ		18. CAUSE OF DEATH (Enter only	one cause per line for (a), (b),	and Ic	0: 1	1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	8	PART I. DEATH WAS CAUSED IMMEDIATE		p/ pos	dis palmon	my porest	
		WWW.Comme	-//	OUENCE OF	1 . 11		
Н		Conditions the second to	DUE TO, OR AS A CONSEC		1 1 21 21 1/1	(mm A	
		Conditions, if any, which gave rise to immediate	(b)	use	evensi uru	Corr	
		couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEC	DUENCE OF	A O.	1-1kg	
		onderlying coose lost.	(c)	10 cm	a son	hi?	
	_	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING T	TO DEATH BUT	NOT RELATED TO THE TERM	VINAL DISEASE OR CONDITION GI	VEN IN PART 110
	CERTIFICATION						
	CAI	190 DATE OF OPERATION	196 CONDITION FOR WHI	ICH OPERATIO	N WAS PERFORMED		S, WERE FINDINGS USED FYING CAUSES OF DEATH?
1	Ī						ES NO
	ER	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART OR PART 21
3		OR CONTRIBUTING CAUSE OF DEATH				,	
	Š	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19	211 LOCATION		
	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFI	CE, FARM ETC)	STREET	CITY OR TOWN	COUNTY STATE
	-	AT WORK NOT WHILE AT WORK			144 - 65	1. /	95
		22a I certify that (I) (this housing	II) alterided the deceased fro	m	19 8 0	10 / 1/ 1/	19 that (I) (we) last
		sow the deceased alive on _ above, (1) (we) (did it did not	12/2/	9 8 2 01	nd that in (my) (our) opinion	death occurred on the date and ho	ur and from the causes stated
		22b. SIGNATURE	view the body offer death.		DEGREE		22c DATE SIGNED
			11/111.6		ATTENDING	MEDICAL STAFF	19/9/1/84
_		22d PHYSICIAN'S NAME (1996)	11/000	V	PHYSICIAN P	DIDIRECTOR PHYSICIAN	1000
		10 PHISICIANS NAME (INC.	1,0		LE ADDRESS	10 1.1	16.1 18 11
		MIHI	byerne	mD	1770	W. Brito	134 12 W
		URIAL, CREMATION, REMOVAL	23b DATE 2	3c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION	COUNTY STATE
	1	combment	Dec. 24.1987	Loudon	Pk.Mausoleum		Md.
		NERAL DIRECTOR		Number 10	A DAT	TE REC'D. BY REGISTRAR 256 REGIS	11111
	(- THUMAN So	HWAB 35/200RES	3 11 1 0	TEC KIN DED	20 most 10 5	14 70
	U	, The INIO	FIMAD #	2/129	PEU	OU TURN STATE OF THE	All Street Control of the Street

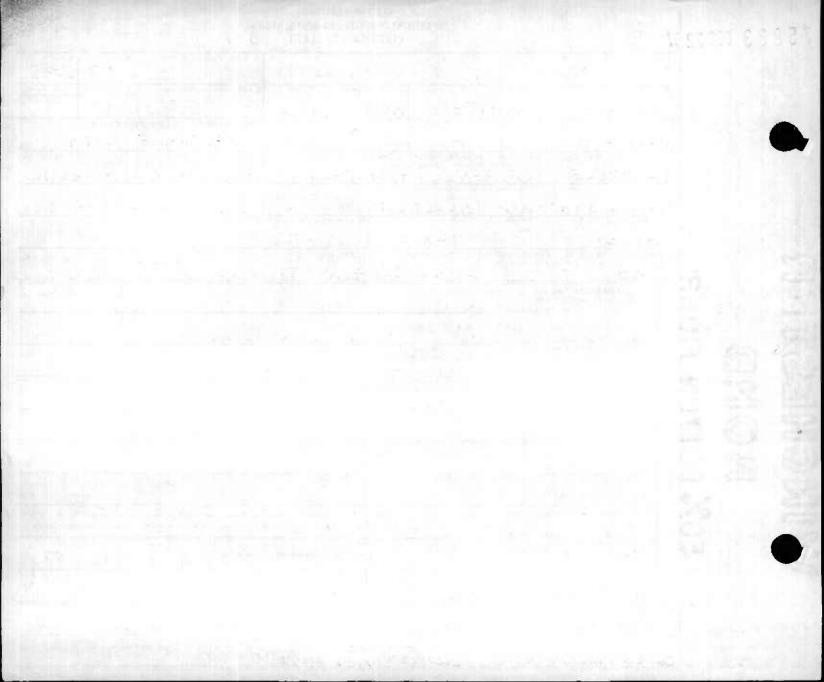
DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

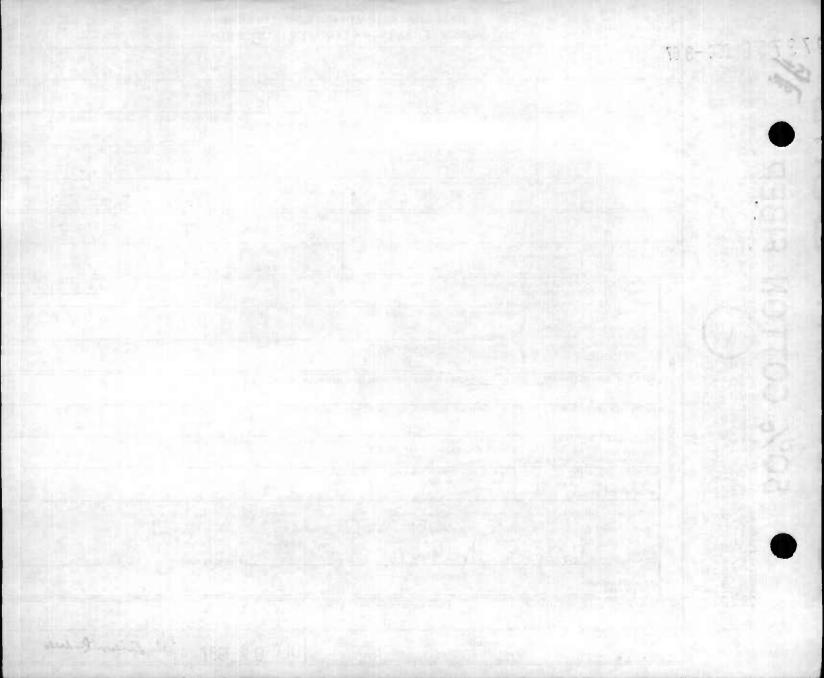
IMPORTANT: If Item 21 is morked or Item-18 shows ony injury, or other troumatic event, the medica

. . . The same of the sa

7 5 0 2 2 250 00	FOR STATE		DEPART	MENT OF HEALTH AND MEN			5 3	9 4	4
75833 DEC 22	REGISTRAR			CERTIFICATE OF DEA	ATH S	REG. NO.	3 4 2		
	I. DECEASED NAME	FIRST	MIDDLE	LAST	2a		ONTH DAY		HOUR
e o p o p o p o p o p o p o p o p o p o	(TIPE OR PRINT)	1ARY	T.	TAYLOR		- (26	87 2	00 M
: 4 may be tlor. page 3 after death	3. SEX	4. RACE		5. DATE OF BIRTH	6. A	GE (IN YEARS LAST BIRTH			NDER 24 HRS
ge 4 ector. rrs oft	FEMALE	WH	IITE	NOV. B 19	912	75	YRS	5 DAYS HOU	AIN.
Pod Pl	TO BIRTHPLACE (STATE OF	FOREIGN 76 CITIZEN	OF WHAT COUNTRY?	MARRIED THEVER MAR	POIED TO 9 B	ALTIMORE CITY OR	COUNTY OF D	EATH	
deor de contraction d	MARYLAND		S.A.	WIDOWED DIVOR	RCED 🗌	BALTIMO		CITY	MD.
ofter d	10 CITY OR TOWN OF DE	_ (IF NOT IN	OF HOSPITAL, NURSII SUCH FACILITY, GIVE STREET	NG HOME OR OTHER INSTITU	(17)	USUAL OCCUPATION	WORKING LIFE) IN	KIND OF BUS	
5 79 70	BALTIMOR		AGNES	HOSPITAL	I H	OMEMAKE	RL	DOMES	TIC
ND 213	USUAL RESIDENCE (IF NUR 130. STATE MARYLAND	HOWARD	134. CITY OR TOV	VN 136 INSIDE CITY	LIMITS? 13e.	STREET ADDRESS / 2876 OLD 6	ZIP CODE COLUMBI	IA PK.	21043
The Selve of the	FATHER'S NAME	MIDDLE	LAST '	15. MOTHER'S MA					
MAR w bind w	ALLEN	WIOOLE	TAXI	S MYR	TLE	WIDDLE	_	LAST	
BALTIMORE, MARYLAND Core creeced within 24 ord mpletely filler Soll core Att, themedical commer mon	160 WAS DECEASED EVER	IN U.S. ARMED FORCES				ADDRES	74 OLD	COLUMB	IA PK.
Time	NO	7 -	213-32	-7029 ROBERT B	. TAYLOR	, M.D. ELL	ICOTT CI	ITY MD.	21043
: 4000	18 CAUSE OF DEAT PART I. DEATH V	H (Enter only one cause VAS CAUSED BY:	(D) D, ~,		Los			APPROXIMATE I BETWEEN ONSET	AND DEATH_
S 5 5 5 5 5		IMMEDIATE CAUSE (a)							
STOI tend tend on, o	Conditions, if ony		OR AS A CONSEQU	ic CANCER of	(R) B	REAST			
W. PRESTON of the death c the attending se remove cost cremation, or	gove rise to im	mediate			(10.01	20171			
hot til by th ose re d, cre-	underlying cous		OR AS A CONSEOU						
, 201 gned the plea burial, y, or a	PART 2 OTHER SIG	NIFICANT CONDITIONS		DEATH BUT NOT RELATED TO	THE TERMINAL	DISEASE OR CONDI	TION GIVEN IN	PART 110	
RDS equi	& COPD,	ASCVID	Diverticu	losis Hiatial	Hernia.				
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requir offending physician. After this certificate has been sig as the burrol-trossit permit. Then th and Mental Hygene prior to b th and Mental Hygene prior to b orked or than 18 sees are injury	OPD 190 DATE OF OPERA	TION 196 COI	NDITION FOR WHICH	OPERATION WAS PERFORM			20b. IF YES, WER		
ALRI The lation.	RTIF				Y	ES NOVE	YES 🗌	NO	
DF VITA Harman Trificote Harman Harma	OR CONTRIBUTING		E OF INJURY A.M. MONTH D	AY YEAR 216 HOW INJUR	RY OCCURRED	ENTER NATURE OF INJURY	IN ITEM IS PART I O	R PART 2)	
SICIA Ng pl certifi ritol-t entol	(IF EITHER NOTIFY MED	CHOOL OF DEATH	P.M.	19					
Stor PHY this d Andir	21d INJURY OCCUR	LATHOME	CE OF INJURY	FARM ETC) STREET		CITY OF TOWN	v (OUNTY	STATE
otter of the right	AT WORK NOT W	MILE				1			
Jo & e jo E		(this hospital) ottender	the deceased from.	12/1	19 7	to 12/6	19		(we) last
NTTEN Spitol CTOR for up of He	sow the deceo: above, (**(we))	ed alive ondid) (glid eat) view the bo	ody after death.	, and that in (au	ur) opinion death	occurred an the date	and hour and	fram the couse	s stoted
OR A borched	276. SIGNATURE	1/10		DEGREE				121. DATE SIGN	ED
1 + 1 + e +	1 Stake	- Kulselie	-			EDICAL STAFF RECTOR PHYSICIA		12/6/9	87
HOSPITAL ined by th FUNERAL wid be deat wid be deat or TANT:	27d. PHYSICIAN'S N	AME (TYPE OR PRINT)		27e. ADDRESS		. 1			
- 0 - 0 - 0	KUTSO	HE BL	AKE	5t. K	ganes H	spital	900 5.6	CATON	2/22
5 g 5 d 8 g	230 BURIAL CREMATION			NAME OF CEMETERY OR CREA		3d LOCATION	4	NTV	STATE
BP	CREMATTO	N 8D	EC 87 W	ESTVIEW MEM.		CATONSVIL		9LTO.	mo.
DHMH - 16 60M 7/84	24 FUNERAL DIRECTOR		AOORESS	Box 268	The second secon	D. BY REGISTRAR 25			2
(VRA 15, 4)	SLACK FUN	ERAL HOMES	ELLIC	OH CITY, MD. 210	OMEC 2	1 1987	K. Tank	Married Comme	1



			Item #18a	, & 22a.	, G-634, b	y Med.	Exam STA	TE OF N	ARYLAND)			71117		
		1		12/23/87		DEPART	MENT OF	HEALTH	AND MEN	NTAL HYGI	ENE	V.2 (CA	0	0 5	
0 7 6		117	REGISTRAR		M	EDICAL	EXAMIN	ER'S C	ERTIFICA	ATE OF DE	EATH	FG NO	80	7 2	
375	6 DEC -3	2 R7	CEASED NAME PE OR PRINT)	FIRST		WIDDLE			LAST			XXNAON	MONTH D	AY YEAR	76 HOUF
3/	28 × 2 × 5 F.		PE OR PRINT)	Ralph				Ψa	aylor		OF OF	MATED [11-27	1 19 87	
THE!	PEE OUE	3. SE	X 4. RA		5 DATE OF BIRT	Н	6 AGE (IN YE		-	UNDER 24 HR		,		AY YEAR	2d HOUI
U	NECESSARY, PLEASE UNERAL DIRECTOR. S. FOR YOUR FILES. WITHIN 72 HOURS		mala h	Lack	7 3	1933	LAST BIRTHD	AY) MONTH		OURS MIN.	PRONOUNG	ED	11-27	1,87	1:10
	E FUNERALD E S. FOR YOU ED WITHIN T		male b	lack	7b CITIZEN OF			9			9 BALTIMO	RE CITY OR			p. N
	FUNERAL S. FOR Y WITHIN		OREIGN COUNTRY)							R MARRIED				N DEATH	
	N D S S	10.0	ITY OR TOWN OF DI	ATU	U S A	OCDITAL AUU	DCINIC HOU	WIDOW		DIVORCED X		lmore (KIND OF SI	ME
	NY DELAY ISN ID 3 TO THE FI FIAIN PAGE 5 UID BE FILED ORDS, 201 W	1		-0111	(IF NOT IN SUCH	FACILITY, GIVES	TREET ADDRESS)		EK INSTITUTIO		OR MOST OF WORK	NG LIFE)	F WORK 120.	OR INDUST	RY
	A CAR		altimore				Hospit						Į U.	Service	روا
201	Z COLANG	130.	AL RESIDENCE (IF IN 16	13h COUNT		113c. CITY	OR TOWN	ON)	13d INSIDE CITY	LIMITS? 13e. S	TREET ADDRES	S			
21201	当る最も最大		Md			Bal	timore			NO 🗌	823 N.L	.ynhurst	Street	21229	9
WD	TOWN T	14. F	ATHER'S NAME		MIDDLE		LAST		15. MOTHER	S MAIDEN NA	ME				
m,	SHE STOCK	4 (Clarence			Ta	ylor		Mary		mio	ott		Dare	
A O	NSON I	160.	WAS DECEASED EVE	R IN U.S. ARM		16b. SOC	IAL SECURIT	Y NO.	17. INFORMA	NT		ADDRESS			
BALTIMOR	A STAND		Yes	(# 123, 0142 14	AR OR DATES!	215-	28-967	8	Jevet	t Freem	nan 701	Wildw	good P	arkwa	V
:	SE SE SE		18 CAUSE OF DEA	ATH (Enter anly	ane cause per li									APPROXIMATI	EINTERVAL
N ST	DE SERVE		PARTIDEATH	WAS CAUSED					ovascula	r diseas	е		-	BETWEEN ONSE	T AND DEATH
ō	373136		1117	IMMEDIATE			ISEQUENCE (
SH SH	自己的思想		Canditions, if												
Α.	新疆	4	gave rise to		(b)	OR AS A CON	ISEQUENCE (25							
DIVISION OF VITAL RECORDS, 201 W. PRESTON	E ZA Z	10	lying cause las	t	1 502.10,0	on non con	OL GOLINCE (J1							
5.3	BV 7336	1	PART 2 OTHER SIGNIFICA	NT CONDITIONS CO	(c)	THE BUT NOT BELL	TIO YO THE TERM	10141 0155 466							-
ORG	EN PROPER	z	TAKE I STREET STORY	mi conditions ci	DATEROTING TO GEA	IN ROT NUT KELA	IEU IU INE IEKM	INAL DISEASE	OK COMPITION GI	IVEN IN PART 1 II					
S S	BY A A BY	CERTIFICATION	19a. DATE OF OPER	PATION	TIBL CONT	DITION SOR	WHICH OBER	ATIONIN	AS PERFORME	-D2					
Z	SA SEE	5	The Ball of Oll	AIIOI	IVB. CON	DITION FOR	WHICH OPEK	ATION W	AS PERFORME	D?			2	0 AUTOPSY	
5	S S S S S S S S S S S S S S S S S S S	4 5	21a EXTERNAL CA	ISE WAS	216 TIME	OF INJURY		To: iii						YES XX	NO 🗌
Ö	A HE SHIP		UNDERLYING [HOUR A.	.M. MONTH	DAY YEAR	21c. HC	OW INJURY OF	CCURRED 1ENT	ER NATURE OF INJUR	Y IN ITEM 18 PART	T 1 OR PART 2)		
ō	F C S S S S S S S S S S S S S S S S S S	MEDICAL	CONTRIBUTING			.M.	19						-100		
2	PER SE	N N	WHILE NO	TWHILE -		E OF INJURY ACTORY, FARM, ET			TREET		CITY OR TOWN	4	COUNTY		STATE
۵	WR WAR AGE ATE	-	WHILE NO AT WORK	WORK -											
	PATE,	111			of the remains d	lescribed aba	ve. held an	Autops	XX v	nspection .	, Inquiry	andir	n my apinia	n	
	SET CEA		death resulted frd		I causes	Accident		icide	Hamicide		determined man		· · · · · y · op · · · · o		
	ERTINE DE MITHE			11		1			TITLE (ŞPEC		actornianed man				
	W. Y. W.		ACTUAL SIGNATURE	WILLER	we !	N-c4	nlo		Assis	tant			DATE	11-28-	-87
	SE SE SE		SIGNATURE	1				M.	D	M	EDICAL EXAMIN	NER	SIGNED		
	SER	and the same	(TYPE OR PRINT)	Marc	garita A	. Kore	11, M.	D.	ADDRESS 1	11 Penr	st., E	Balto.,	Md.	21203	1
	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOUR EXECUTE THE CERTIFICATE. WRITING THE WORD PAGE 4 SHOULD BE FORWARDED TO THE CHILL TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USE AFTER DEATH, WITH THE STATE DEPARTMENT OF BALTIMORE, MARYLAND, 21201 PRIOR TO BURN.	23o B	URIAL, CREMATION,						CREMATORY		LOCATION				
07 (7)	20890	1	Buria		2/2/87					CI	ITY OR TOWN	Milla	COUNTY	ST	ATE Md
07/84 25M	RL O L	24. F	UNERAL DIRECTOR	1 1	2/2/01	Judi	115011	rore	st Vet	DATE REC'D	Wings BY REGISTRAR	MILIS 1256 REGISTE	RAR'S SIGN		'IU
	DHMH - 17 (VR A15 ME (5))		NAME	aab	ADDRE	SS 1200 11	a b a a la	A	10	EC 02	1007	Lie A	under	Kindall	4
	(AV MID WE (D))		Wm. C. Mar	Cn F/H	west 4	+300 W	abash	avenu	6 10	1002	1901	U			



MITCHELL-SMITH FUNERAL HOME PA, HAVRE de GRACE, MD 21078

(VRA 15, 4)

STATE OF MARYLAND

Toller harrison theylow the state on the TENSO, THE TALL TO The state of the s

7 - 1	1.0.050.15		FOR		D	EPART.	STAT MENT OF H		ARYLAN AND ME		YGIENE							
151	12 DEC 15	107	STATE REGISTRAR		MED	ICAL	EXAMINE	R'S C	ERTIFIC	ATE Q	RDEAT	TH	REG.	200	2	4	1	
		1 DE	CEASED NAME	EIRST		MIDDLE			£AST'		-		KNOWN ESTI-		NONTH	DAY	YEAR	75 HOUR
	1 8S.S. 8.	(11)	PÉ OR PRINT)	Tenika	a		9	Taylo	or			OF DEATH	MATED		12/	6/19	87	AA
	A STATE OF THE STA	3 SE	4. RAC		S DATE OF BIRTH	VEAD	& AGE (IN YEAR	RS IF UN	DER 1 YR.	IF UNDER		c DATE		AAC		DAY		74 HOUR 8:00
	IS NEEESSARY, PLEASE E FUNERAL DIRECTOR. E 5 FOR YOUR FILES. ED, WITHIN 72 HOURS W. PRESON STREET,	F	EMALE BI	LACK	10/29/8	2 YEAR	LAST BIRTHDAY		S DAYS	HOURS	MIN P	RONOUL			12/	6/19	87	a M
	RAL KAL		RTHPLACE (STATE OR		76. CITIZEN OF WH	AT COUP	ITRY?	8. MARRII	D NEVER MARRIED X 9. BALTIMORE CITY OR COUNT					OUNTY	OF DEA	TH		
	S S S S	B	ALTO., MI		USA			WIDOW		DIVORCE		Ва	ltimo	ore	City	7,		MD
A	NAVIS IS PAGE S	10. C	TY OR TOWN OF DE	ATH	11. NAME OF HOSP			OR OTH	ER INSTITUT	ION			PATION (TYPE OF V	WORK 12	KIND O	OF BUSI	INESS
,	SEATON!		Baltimore		4530 Rei	ster	stown F					3. 0. 170	an a so circl		5-			
5	AND 3 TO AND 3 TO RETAIN PARTOLID BE RECORDS.		AL RESIDENCE (IF IN NI TATE	136 COUNT			OR TOWN		13d. INSIDE CIT	STIMITS?	13e STREE	ET ADDRE	ESS	18		331		
MD. 2120	A A B S S S S S S S S S S S S S S S S S	2	MD				I.TO	300	YES	NO 🗆			EIST	ERS	MOTE	IN R	D. 2	121
MO	1.2.5. 1.2.5. 1.3.1.	14 F	ATHER'S NAME		WIDDLE		LAST		15 MOTHER		NNAME					LAST		
RE,	MAN SAN	3	LEROY	TAYLO							SAND	RA I						
BALTIMOR	E 500	16a \	VAS DECEASED EVER ES, NO, OR UNKNOWN) NO	IN U.S. ARM	AED FORCES?		CIAL SECURITY		17 INFORM		DIID	T317	ADDRE		D = =			- 17
MAL	10 F 6 S		NO	N/A		215	02 20	009	RICH	ARD .	BURL	EY.	1406	DA	RLE	Y A	VE.	
	NIT. I		18 CAUSE OF DEAT	TH (Enter only	y one cause per line f	or (a), (b), ond (c).)	- xl- 01	n Monc	i - i - i - i - i - i - i - i - i -	Tnto	wica	tion	L.		BETWEEN	N STAMIX	NTERVAL IND DEATH
V. PRESTON ST	24 HO LITEM 1 LONG LONG GIENE, OVAL	2			E CAUSE (o)		100	-	II MOHO	oxtae	THEO	XICa	LLOII					
	THIN 24 JER ALON ANSIT PER AL HYGIE REMOVA		Conditions, if	any which	DUE TO, OR A	S A CON	SEQUENCE O	F										
	MITH VCIL RAN FRE R RE		gave rise to	immediate	(b)					1.00		50	1					
201 W	TED WINGENCE XAMIN XAMIN ARD TR. OR		lying couse last		DUE TO, OR A	IS A CON	ISEOUENCE OF	F							4-3			
Š,	3	5	BARY 2 BYDER CICHICICAL	US COMPLETIONS C	ONTRIBUTING TO DEATH BE													
DIVISION OF VITAL RECORDS,		z	TAKE 2 DETEK SIGNIFICAN	בו נשטווושאט ב	DAIRIBGING ID DEATH B	JI NDI KELA	VIED ID 185 IEKWIN	IAL DISEASE	DR CONDITION	GIVEN IN PAR	1 10							
REC	CERTIFICATE SHOULD BE RITING THE WORD "PENDIO ROED TO THE CHIEF MEDIO TO THE CHIEF MEDIO TO THE CHIEF MEDIO TO BE USED AS A BE OFFENTIVENT OF HEALTH OF PRIOR TO BURIAL, CREA	CERTIFICATION	19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?								20 AUTO	OPCV2						
1×1	HIEF USED OF H	FIC	THE CONDITION ON WHICH OF ENAMOUS PROVINCES:							YES								
> >	AND BELLEVIEW	ERTI	21g EXTERNAL CAU	ISE WAS	21b. TIME OF	INJURY		71r HC	OW INJURY (OCCURRED	D JENTER NA	TURE OF IN	JURY IN ITEM	18 PARI	L OR PART 2		(XI	NO 🗆
0 2	THE WE THE WEST OF		UNDERLYING SCONTRIBUTING	OR CAUSE OF D		MONTH 12	DAY YEAR 8		bject								S	
Sio	SHOUL SHORE	MEDICAL	714 INJURY OCCUR	RED	21e PLACE O			211 LOC	CATION									
DIV	ER: THIS CERTIF ATE, WRITING ORWARDED TO ORWARDED TO OR STATE DEPAI AD, 21201 PRIC	ME	WHILE AT WORK AT W	WHILE K	STREET, FACTO	ORY, EARM, E	TC.)	453	0 Reis	sterst	town	Rd.,	"Balt	to.	City	y, Mo	d.	STATE
	ATE, TATE, ORW. P.	10	and the second	The same of the same of	e of the remote Asic	ibed for	ove, held an	Autops	y X	Inspection		Inquiry		ond in	my opini	ion		
- 4527	A PER	160	death resulted from	A Nature	ol copper	2 dent	500	de	-Homien	de-X.	Undeter	mined mi].				
	WIT WAR	137	///	0	11/10	6.	121	200	TILE (SP	PECIFY)								
	A HOUSE		SIGNATURE U	illi	W-1/10	My	11/11	my	Assi	stant	MEDIC	AL EXAM	AINER	5	DATE SIGNED.	12/6	5/87	7
	NOR WOR		EXAMINER'S NAME	-		11												
	TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST BARTIMORE, MARYLAND, 2		(TYPE OR PRINT)	Dei	nnis F. Sr				ADDRESS	111	Penn		, Bal	lto.	Mc	1. 2	1201	
	KUSK49	23a B	URIAL, CREMATION,	REMOVAL 23	DATE	23€ 1	NAME OF CEMI	ETERY O	RCREMATO	RY	23d. LOC	ATION			COUNTY		STAT	E
07/84 25M	BP	24.5	BURIAL		12/18/87	F	KING M	EM.	PARK	S. DATE D		LTO		D.	4 DIC C10	A 1 A V 1 A T 2		
23/4(DHMH - 17		UNERAL DIRECTOR		ADDRESS					50. DATE R			AR ZSB. RE	AZ MA	AK'S SIG	AY THE		
	(VR A15 ME (5))	L	EROY O. I	DYETT	4600 LI	BER!	L'A HEI	GHTS	SAVE	1-C. 1	0 10	87						

STATE OF MARYLAND

0.9	Post .	2	9	6
REG. NO.	-	Can	•	

2+2.		1			STATE OF MARYLAND		
1279	5 1 3 DEC -9	87	FOR	DEPART	MENT OF HEALTH AND MENTAL HY	GIENE pro	298
	0 1 0 020 0	4	STATE REGISTRAR		CERTIFICATE OF DEATH	8 7 REG. NO.	in the second
			CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	oy be	(1YPE	OR PRINTINA ARILLA	1) TEFI		Der 7	1987 "
	you do	3. SE.	X X	1 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
	ofte.		MAIE	MELPAIN	MONTH DAY YEAR	65	MONTHS DATS HOURS MIN.
	Poge direct	7a DI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	NOV. 25, 1922	9 BALTIMORE CITY OR COUN	
	th. P		OMIRY) P	1150	MARRIED NEVER MARRIED	1 D Tto	0.1.
	ter death. within 72 l	10 C	Orthlarolina		WIDOWED DIVORCED AND HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	176. KIND OF BUSINESS OR
	offer of with	100	D / +	(IF NOT IN SUCH FACILITY, GIVE STREE	ADDRESS P	(TYPE OF WORK FOR MOST OF WORKING	INDUSTRY
201	5 0 = c	100	Ballo,	401E.25	15t. Hpt.101	Ketired	
0.21	t hou d be	13a S	TATE 136 COU	OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CO	QE / ac
AN	2 章 章	1	Nd,	- Bal	TO - YES NO [401E.25	55. 21218
RYL	within 2	14 F/	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	AME MIDDLE / -	LAST
W W		10	NOAH	ItEL	WINNI	E WHI	16
RE,	P		VAS DECEASED EVER IN U.S. AI			ADDRESS	
W. PRESTON ST., BALTIMORE, MARYLAND 2120	S. P. B.	1	NO -	245-16	3673 Lugene	1001 1542	Windemere
ALT			18 CAUSE OF DEATH (Enter of	only one couse per line for (a), (b), or	nd (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
8 7	4 0000		PART I. DEATH WAS CAUS	ATE CAUSE 10) Cardiac	arrest		
S Z	th cert		provide Div	DUE TO, OR AS A CONSEOU			
STC	e deoth mave content notion, troumo		Conditions, if ony, which	((b) avvyth			
90	the deot the otter remave c emotion, er froum		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQU			
. ×	t yest		underlying couse lost.	10 ischemic		The/	
DIVISION OF VITAL RECORDS, 201	0 5 4 3 .		PART 2 OTHER SIGNIFICANT	10	DEATH BUT NOT RELATED TO THE TER.		GIVEN IN PART TIO
sos,	a signe Then p r to bur	NO O	hore				
O	ow re prior	F	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		YES, WERE FINDINGS USED
LRE	has has	CERTIFICATION					TIFYING CAUSES OF DEATH? YES \(\bigcap \) NO \(\bigcap \)
ITA	Sh gard	1 2	710. ACCIDENT WAS UNDERLYING			RRED (ENTER NATURE OF INJURY IN ITEM I	8 PART 1 OR PART 2)
7 7	PHYSICIAN: TI ending physicia this certificate te burial-transitial and Mental Hygi d or Irem 18 sh		OR CONTRIBUTING CAUSE OF DE				
N O	HYSICIA nding p his certif burial-i	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED	P.M. 21e PLACE OF INJURY	211 LOCATION		
/ISIC	d d d d	¥ E	WHILE NOT WHILE	LAT HOME STREET FACTORY OFFICE.	FARM, ETC) STREET	CITY OR TOWN	COUNTY STATE
Š	4. 4040			- 1-1 \ - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	-luly 1 10. 98	7 10 NOVIT	19 8 L, that (I) (we) lost
1245	T T S S S S S S S S S S S S S S S S S S		sow the deceased alive a	pital) attended the deceased from,		death occurred on the date and h	
	ATT CT Spir		obove, (I) (we) (did) (did n	ot) view the body ofter death.	DEGREE		22¢ DATE SIGNED
	0 = 1 0 =		Sanguelia 1	Salvis MD	ATTENDING	MEDICAL STAFF	1 12/4/07
	HOSPITAL O		THE PHYSICIAN'S NAME (THE		PHYSICIAN 22e. ADDRESS	DIRECTOR PHYSICIAN	10101
	OSP ed l d be RTA					WOISE	
	TO HOSPITAL OF TO FUNERAL DISTRICT Should be derox with the Stote DIMPORTANT: If		1 Jacquelly	R JUNKIN			
	F 5 F 8 7 S	23a. I	BURIAL, SKEWATION, REMOVA	L 236. DATE 23c	NAME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY STATE
1333	BP		BURIAL	12-12-87 E	salto, Cem.	13a/10,	, Md.
	DHMH - 16 50M 4/83	24 F	UNERAL DIRECTOR	ADDRESS	1412 E, 250. DA	ATE REC'D, BY REGISTRAR 25b. REG	STRAR'S SIGNATURE
1 78	(VRA 15, 4)	10	ALVIN B.S	SCRUGOS	Trestonst.	UEC - 8 198/ 1	Deordern-Kondall

PALVINB, SCRUGGS

102-1512-151 THE TRANSPORT OF THE PROPERTY OF THE PARTY. TO A CONTRACT OF THE PROPERTY OF THE PARTY O California de la companya del companya de la companya del companya de la companya NORTH TOTAL WORLDEN TO MITTER A STANDARD STORE AND A STANDARD STANDARD AND A STANDARD A STANDARD AND A STANDARD A STA Fire 182 1 1 12 83 Balto Color Billion Della CHEST THE SECRETARY SECRETARY SECRETARY

075099 DEC 1

			STATI	OF MARYLAND			
1.	FOR	DEP		EALTH AND MENTAL HYG	IENE -	5 2	90
5 8	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	o	
LITYPE	CEASED NAME FIRST	MIDDLE		AST	20. DATE OF DEATH	0	YEAR 26 HOUR
	Euge	ne A	10	LAK	1.	2 09 8	31/11:20 PM
3. SE		RACE	5. DATE C		6. AGE (IN YEARS LAST BIR	MONTHS	DAYS HOURS MIN.
	MALE	White	5	19 27	60	YRS.	
7a. BI	RTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUN	TRY? 8 MARRIEI	NEVER MARRIED	9. BALTIMORE CITY O		ATH
1	1 Ary And		WIDOWE	D DIVORCED	041111	rove (MD.
10. CI	1.6	1. NAME OF HOSPITAL, NL	JRSING HOME C STREET ADDRESSI	OR OTHER INSTITUTION	120 USUAL OCCUPATION OF O	EMURKING HEET INDI	KIND OF BUSINESS OR
Last I	AL RESIDENCE (IF NURSING HOME OR O	outh DAI	timore	Gen. Hosp	Roller		Steel
	STATE 136 COUNT	Y A 13 CITY OR		13d INSIDE CITY LIMITS?	13. STREET ADDRESS /	ZIP CODE.	Rd 21122
1994	ATHER'S NAME	DDLF LAST		15. MOTHER'S MAIDEN NAM	MIDDLE		1
9	Stanislaus	Tel	AK	Alexand	1 4	un	KNOWN
16a V	VAS DECEASED EVER IN U.S. ARMI	ED FORCES? 166. SOCIAL	SECURITY NO.	17. INFORMANT	ADDRE	SS	
1			5380	Doris Telak	Same as	13e	
	18 CAUSE OF DEATH (Enter only	one cause per line far (a), (t	ot, and (c).)		,	BE	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED IMMEDIATE		sie Re	en Al Fai	lure		
100		DUE TO, ORAS A CONS	EQUENCE OF				
	Conditions, if any, which	(1b) Par	Qua	draplegi	A		
	gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONS	EQUENCE OF	1 1			
	underlying cause lost.	(10) WYE	MIA				
2	PART 2 OTHER SIGNIFICANT CO	NOTIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN P	ART 1:01
110	Univery	rd Inte	ation.				
CERTIFICATION	90 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE IN CERTIFYING C.	FINDINGS USED AUSES OF DEATH?
BT.			200		YES NO	YES 🗌	NO 🗌
Ö	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	TY IN ITEM 18 PART I ORP	ART 2)
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19				
WED	21d. IN JURY OCCURRED NOT WHILE ALWORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FFICE FARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN COU	NTY STATE
	220.1 certify that (1) this hospita	Pattended the deceased for		3 19 87	10_ /2 /	9_ 19 8	7, that (I (we) last
	saw the deceased alive on obove, (Ip(we) faid) (did nat)	view the body ofter death	19 <u>87</u> , ar	d that in (aur) apinion o	death occurred an the do	ate and hour and fro	am the causes stated
	226. SIGNATURE	Hew the bady after death.		DEGREE		224.	DATESIGNED
	1 (ayo	Xam	-	ATTENDING PHYSICIAN	MEDICAL STAF		2/09
	22d. PHYSICAN'S NAME (TYPE OR	marri .		22e. ADDRESS	,1.	1	1/
	Alex 1.	orres	M.D.	South B.	altimore	e Gen	. Hosp.
	BURIAL, CREMATION, REMOVAL	23b. DATE		EMETERY OR CREMATORY	23d LOCATION	COUNTY	V CIATE
	Burial	12/14/87	Marylan	d Vets Cemete	ry Crownsvi	lle A.	A. Md

DHMH - 16 60M 7/84 (VRA 15, 4)

George J. Gonce 4001 Ritchie Hgwy Balto Md

REGISTRAR 256 REGISTRAR'S SIGNATURE DEC 1

Saltymore a commentary time of foreign to the control of the second of the second

The his extra value and the constitution of

STATE OF MARYLAND

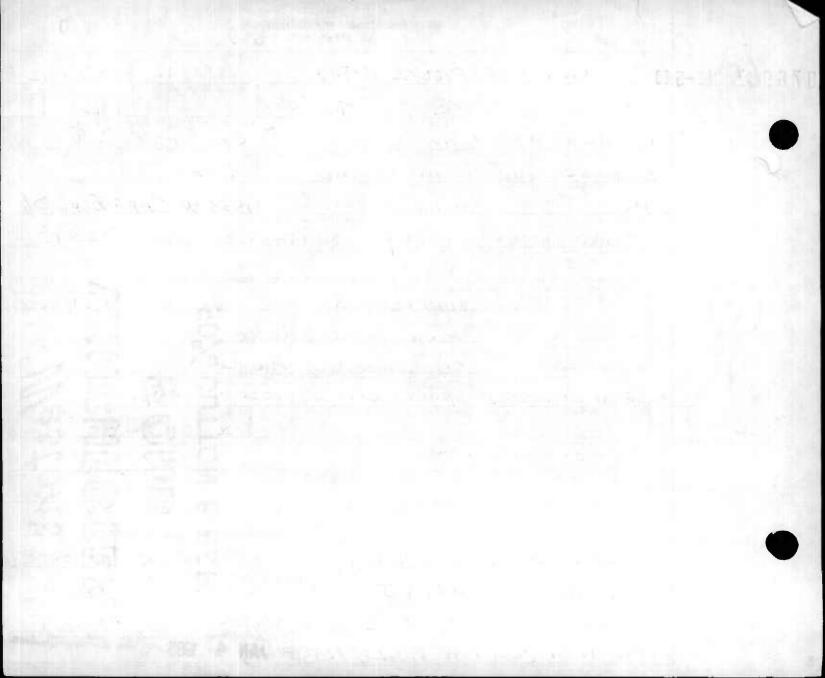
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	< 2	500	3	0	U
	NO	3	0	100	U
DEC	NO				

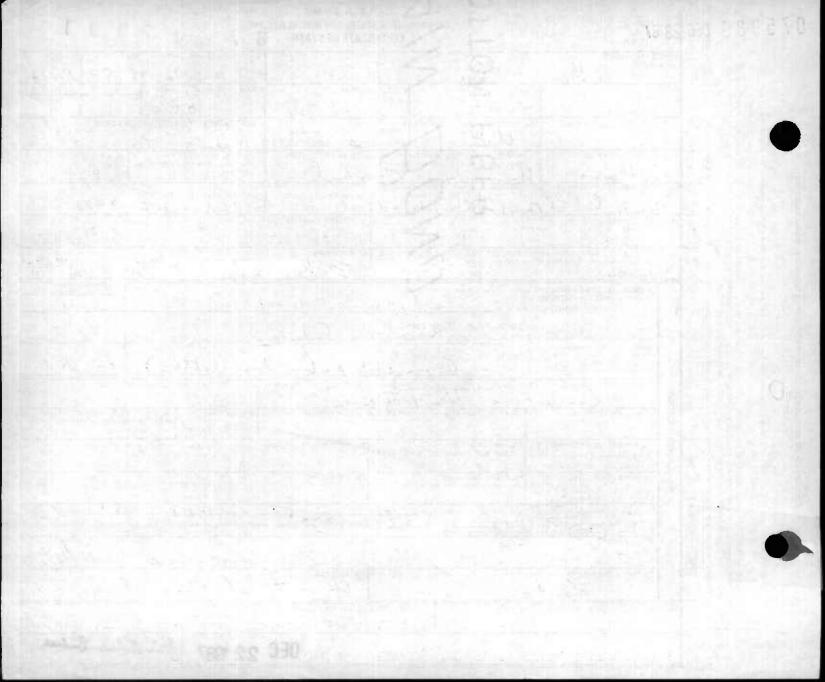
1.	STATE REGISTRAR		CERTIFICATE O	F DEATH	3 7 REG. N	io.) 0 1	,
(TYPE	CEASED NAME FIRST	RILL CB MIDDLE	5 1 16	YS,	20. DATE OF DEATH	MONTH DAY	n - 1"	HOUR
88 3. SE		A. RACE	5. DATE OF BIRTH	0 -	6. AGE (IN YEARS EAST BE	RTHDAY) IF	UNDER I YEAR IF	UNDER 24 HRS
7a. BI		76. CITIZEN OF WHAT COUNTRY?	MARRIED NEV		9. BALTIMORE CITY O	OR COUNTY O	FDEATH	
1		11. NAME OF HOSPITAL, NURSIN 11 NOT IN SUCH FACULTY, GIVE STREET.	G HOME OR OTHER		12a USUAL OCCUPAT (TYPE OF WORK FOR MOST)		12b. KIND OF B	USINESS OI
130. 5	MD 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE SEFORE TY BY CITY OR TOW BALLINE	N 13d INSID	DE CITY LIMITS?	13e. STREET ADDRESS.	SARI	4 TOGA	51.
lée V	DONALD RO	ADDIE TERM BERT TERM WAR OR DAIFS! 166. SOCIAL SECU	RITE NO. 17. INFO	FIRST FORTHE RMANT	MIDDLE	ENLSE	BROO	KS
		y one couse per line for (o), (b), one					APPROXIMAT BETWEEN ONS	E INTERVAL ET AND DEATH
NOI	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CLACTIC PACLOD	ONDITIONS CONTRIBUTING TO E	DEATH BUT NOT RELA	w colle	OLDSO. INAL DISEASE OR CON SE DENE	IDITION GIVEN	IN PART 1(o)	
TIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PE	RFORMED	200 AUTOPSY?	20b. IF YES, V IN CERTIFYIN YES	VERE FINDINGS NG CAUSES OF	S USED DEATH?
MEDICAL CERTI	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER) 214. INJURY OCCURRED	P.M. 21s. PLACE OF INJURY	19 21f. LOC.	ATION	ED (ENTER NATURE OF INJU	72		
ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, F.		IREET S. TI	CITY OR IC	3D 10	8 7 the	STATE
	sow the deceosed olive on a obove, (1) (we) (did) (did not	Dec 30 10 8	ond that in (my) (our) opinion o	death occurred on the d		, 100	t (I) (we) los
	Sauta 10		DEGREE	ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN X	12 - 3	10-8
	22d PHYSICIAN'S NAME OF	IN, SANTA	J 220 ADD	225.	Greene	atrics Street	- Balt	.un
- (BURIAL, CREMATION, REMOVAL SPECIFY)	1-2-88 M	T. ZION	Cemeten		ove, 8	Maryla	nd state
24 FL	UNERAL DIRECTOR TWO - Thom F	Son F. 1+ ADDRESS	7. Box 44	32 (2/2)	REC'D. BY REGISTRAR	256 REGISTRA	R'S SIGNATURI	Made

DHMH-16 50M 1/81 (VRA 15, 4)

BP



75989 DEC	2 B .	FOR DETATE REGISTRAR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	BIENE 7 REG NO. 5	3 0 1
may be page 3		CEASED NAME PRINT	MIDDLE GAR	Thomas S. Date of Birth		YEAR 26 HOUR 87 11:03 A M UNDER 1 YEAR IF UNDER 23 HRS
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		Femile	White	MONTH DAY YEAR	63 YRS	
death. P	1	RTHPLACE (STATE OR FOREIGN EQUINITY)	26, CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED NONCED	Be Howe City OF	MD.
ors offer	1	Baltmare	MANUAL IN SUCH FACILITY, GIVE STREET	Mary land		126 KIND OF BUSINESS OR INDUSTRY HOME
nn 24 ho	130.	STATE 136 CON	Mary S Charlothe	N , 1 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE P. a. B. o. x 356	20622
b and XX	0"	FIRST PAUL J	MATHIS	FIRST	MIDDLE	MACCONNELL
and con		VAS DECEASED EVER IN U.S. AF		IRITY NO. 12 INFORMANT	ADDRESS	
p hysicia an papers emaval.		PART I. DE ATH WAS CAUSE	nly one couse per line for (a), (b), one ED BY: TE CAUSE (a)		+	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
attending nave carb ation, ar r		Conditions, if any, which	DUE TO, OR AS A CONSEQUE	NCE OF, Failure		
that the d by the ease rem oil, cremo		gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUE	NCE OF Chetacke lang C	Disave (Enl Stye)	Logs Faling
Or to burning, or injury, o	NOI	Conga	conditions contributing to	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIVEN	
The low in the hos been sit permit regions prior	CERTIFICATION	19a DATE OF OPERATION		OPERATION WAS PERFORMED	YES NO YES	
Physical Phy	-	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH DA		RED (ENTER NATURE OF INJURY IN ITEM 18 PART	OR PART 7]
UG PHYSIC offending I fer this cert is the burial n and Mentic	MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	211 LOCATION	CITY OR FOWN	COUNTY STATE
TTENDIN pital or TTOR: Af for use of Health 21 is mo		22a.1 certify that (1) (this hasp	ital) attended the deceased from_	and that is (My) by opinion	, to, 19_ death occurred on the date and hour or	that (I (we) last and from the causes stated
AL OREG AL DIREC detached ore Dept.		THE SIGNATURE	are.	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	12/18/87
TO HOSPITAL OX ATTERIOR by the hospital TO FUNERAL DIRECTOR should be detoched for with the Store Dept of IMPORTANT; if hem 21		22d PHYSICIAN'S NAME (TYPE)	tz	220 ADDRESS Univerity	- of 17 1. 1	HITI
BP		BURIAL, CREMATION, REMOVAL (SPECIFY)		AME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN Dal, Charlotte Ha	all, STM. MD.
DHMH - 16 60M 7/84		JNERAL DIRECTOR		250 DAT	E DECID DV DECICEDAD ALL DECICEDAD	
(VRA 15, 4)	M	ATTINGLEY FU	NERAL HOME, LEC	NARDTOWN, MD UEU	22 198/	



marked ar Item 18 shows any injury, ar other trau

IMPORTANT: If Hem 21 is

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYG

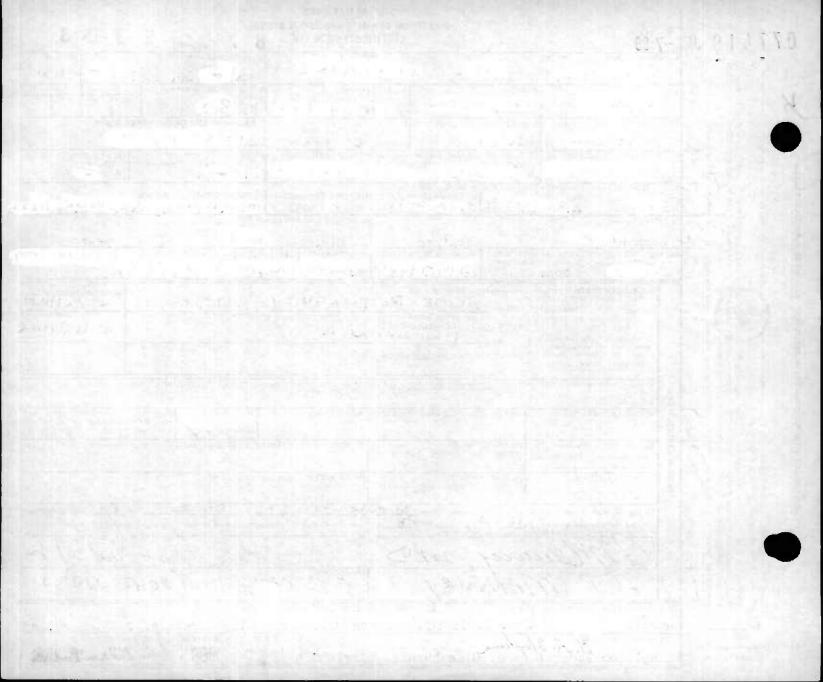
SIENE	7	REG.	N
0	1	REG.	N

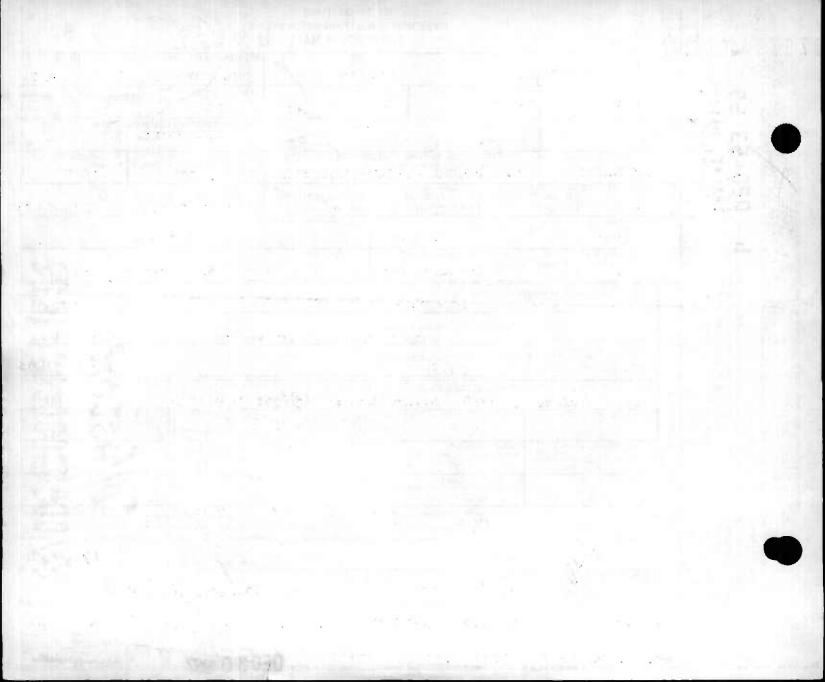
5 3 0 3

Vi	-/	RECHSTRAR				CERTI	ICAIL OI DEATH	0	REG. NO	y. ~	0	43	
		EASED NAME	गमर्ग		MIDDLE	b	MOT P	20.			DAY YEAR	26 HOUR	0
	[TIPE	THE PARTY	Catheri	ne Mar	garet	The	ompson	De	cember 30	, 198	7	450	M
	3 SEX			4 RACE		5. DATE C		6. A	GE (IN YEARS LAST BIRT	HDAY}	IF UNDER I YEAR	IF UNDER 24 HI	
	2	emale		White			ry 24, 1906	6 8	1	YRS	DATS	HOURS M.	~.
1	70. BIR	THPLACE (ST	ATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9. B	ALTIMORE CITY O	R COUNTY	OF DEATH		
1	Mai	ryland.		U.S.A		WIDOWE	DIVORCED	□Ва	ltimore C		7		MD.
7	10 CI	TY OR TOWN C	OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION		USUAL OCCUPATION			OF BUSINESS	OR
7	Ba:	ltimore	2115	South B	altimore	Gen'l	. Hospital		lf Emp.		Restau		
9	USUA 13a. S	L RESIDENCE	IF NURSING HOME OR	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION	13d. INSIDE CITY LIMITS	ca lua.	STRFFT ADDRESS /	710 0000			
1		ryland	. 4.1	Arunde1	Glen Bur		YES NO X		4 New Jer		VA.	21061	
	_	THER'S NAME					15. MOTHER'S MAIDEN			SCY II	vc.	21001	
4	T	FIRST		WIDOLE	Math h		FIRST		WIDDLE		LAS		
0		oseph	EVER IN U.S. AR	MED FORCES?	Mathison	RITY NO	Clara 17 INFORMANT (D	haugh	tor) ADDRE	SS	Pfat	<u></u>	
	{Y	ES PICTO TINKNO	WN) (IF YES, GIV	E WAR OR DATES)				0	LEL)		" 1 0		
07	No		None	2	214.03.6	216	Marie H. M	lorto	n Sa	ame as			_
1		18. CAUSE OF PART I. DE	DEATH (Enter or ATH WAS CAUSE	ly one couse per DBY:	line for (o), (b), one		PIRATUR		10027 -			MATE INTERVAL	
1			IMMEDIA	TE CAUSE (o)	HCUTT	1545	INKA TOTO		AMEST		2	1/2 How	112
	24			DUE TO, O	R AS A CONSEQUE	NCE OF					2,	4 CHO	20
		Conditions, it		(b)_	PNG	JWG	NIA				.0	4 8 11	
			stoting the	DUE TO. O	R AS A CONSEQUE	NCE OF							
		underlying	couse last.	(c)_						11000			
		PART 2. OTHE	RSIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE T	TERMINAL	DISEASE OR CONE	ITION GIVE	N IN PART 1	0	
	o												
7	CERTIFICATION	190 DATE OF C	PERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	2	00 AUTOPSY?		WERE FINDIN		
an.	Ĕ							1	EST NOT	YES	YING CAUSES	NO	
	E.	210. ACCIDENT W	VAS UNDERLYING	216. TIME C			21c. HOW INJURY OC	CURRED	(ENTER NATURE OF INJUR	Y IN ITEM 18 PA	ART FOR PART 2)		
F			G CAUSE OF DEA	1117	M. MONTH DA M.	Y YEAR							
	MEDICAL	21d. INJURY O	EY MEDICAL EXAMINER	21e PLACE		19	211. LOCATION	_					_
	ME.	WHILE	NOT WHILE	(AT HOME, STI	REET, FACTORY, OFFICE, F	ARM, ETC]	STREET		CITY OR TOV	VN	COUNTY	STATE	
		AT WORK	Al WORK			Decen	NDR (22 10)	87	10 Dec 30	2	E-A		_
	100				e deceased from	2.7	nd that in (my) (our) opin	,				that (I) (we) I	051
		oboye (I)	eceased alive on we (did) did no	tyview the body	ofter deoth.			mon dedit	occorred on the do	re ond noor			_
		226. SIGNATU	Man	111111	. 2-11	17	DEGREE ATTENDIN	IC M	EDICAL STAF	E	22c. DATE	SIGNED O	4
		(19	1 Care	weey	1111	-	PHYSICIA	N DI	RECTOR PHYSIC	IAN	101	20/ 1	
	-	22d PHYSICIAI	N'S NAME ITYPE C	PRINT)	1101		22e ADDRESS	2000	30 . 00 6	2 llar	0 21	222	
		-/.	' //	17/03	of icy		5. 15al	4)eneral	1031	0.7	230	
			TION, REMOVAL	23b. DATE	23c. N	AME OF C	EMETERY OR CREMATO	ORY 2	3d. LOCATION				=
	Bu	rial		Jan. 2	, 1988 G16	en Hav	ven Mem. Par	rk (Glen Burni	e A.A	. Co. 1	Marvlar	nd
	24. FU	NERAL DIRECT	ORGO 1	Wach!				DATE RE	C'D. BY REGISTRAR		RAR'S SIGNAT		
	Si	ngleton	Funeral	Home.	Glen Burr	nie. N	Maryland	IVVI	5 1988	Askin	Bandon	STATE OF THE STATE	
				,			J					-	- B

DHMH - 16 60M 7/B4 (VRA 15, 4)

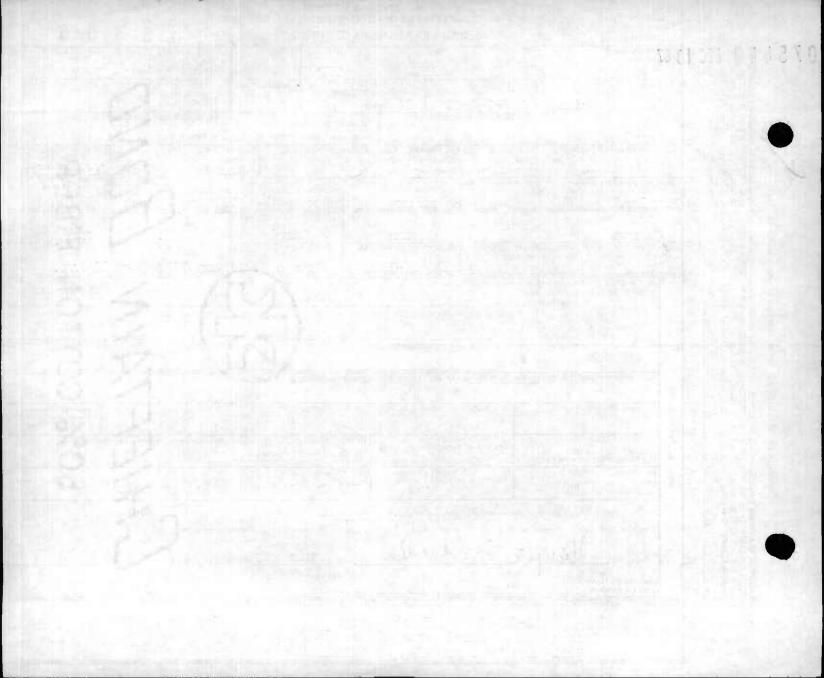
BP.





			FOR	D			ARYLAND AND MENTAL HY	GIENE				
		1-	STATE REGISTRAR				ERTIFICATE Q		REGINO.	3 0	5	
074	585 DEC	Table 1 had	SED NAME FIRST		MIDDLE		LAST	2e. DATE	KNOWNYY	MONTH DA	AY YEAR	Zh HOUR
014		3	Eleano	or		Til	ghman	Or	MATED	12-3	1987	AA
	PLEASE ECTOR R FILES HOURS STREET,	1. SE)		5. DATE OF BIRTH	YEAR LAST BIRTHE		DER 1 YR. JE LINDER 2			MONTH DA		7:30
	NO NO NO	F	EMALE BLACK	12-15-01	85 Y	YRS.	S DAYS HOURS	MIN. PRONOUI		12-3	1987	a. M
	BALLED Z		RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF WH.	AT COUNTRY?	8 MARRIE	D NEVER MARRIE	D 9 BALTIN	ORE CITY OR	COUNTYO	FDEATH	
	Page 1		ARYLAND	USA		WIDOWI		DULL	imore (MD
no	A HOUSE		TY OR TOWN OF DEATH	(IF NOT IN SUCH FAC	ITAL, NURSING HOM			12a USUAL OCCU FOR MOST OF WOR		F WORK 12b	OR INDUSTR	SINESS
20	PACE PACE PACE PACE PACE PACE PACE PACE		altinore	814 N. F	remont Ave	., ls	t fl.			h	-	,
21201	79430 C	13e S	TATE 13h_COUN	TY	13c CITY OR TOWN			IJe STREET ADDRI		04	41	
	Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z			IMORE	BALTIMORE		YES 🗱 NO 🗌	814 N.	FREMONT	CAVEN	UE 1st	FLOO
, MD.	E-188	14 17	THER'S NAME FIRST	MIDDLE	tAST	100	15 MOTHER'S MAIDEN		MODIE		LAST	
ORE	803 300	lán V	UNKNOWN /AS DECEASED EVER IN U.S. AR/	MED FORCES?	166 SOCIAL SECURI	TY NO	UI 17. INFORMANT	NKNOWN	ADDRESS			-
BALTIMORE,	电影型图 马	{Y	S, NO, OR UNKNOWN] (IF YES, GIVE				AUGUSTUS .	TONES E	.O. BOX	v 605		
¥	ROPE'S		18 CAUSE OF DEATH (Enter on	ly one cours per line 6	213-14-15					1 003	APPROXIMATE	INTERVAL
ST.	NEW TRA	>					q Hypertens		ernar	В	SETWEEN ONSET	AND DEATH
10	25 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		990) IMMEDIA		XXXXXXXXXXXXX		g hyper cent	DIVC				
PRESTON ST.	WITHIN 24 FENCIL IN ITE MINER ALOI TRANSIT PE ENTAL HYGIL OR REMOVA		Canditions, if any, which gave rise to immediate	A A	rterioscle	rotic	Cardiovaso	cular Dis	ease			
3	PENCIL IN MAINER . - TRANSI ENTAL H OR REM		cause (o) stoting the under-	< (~/~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	S A CONSEQUENCE							3-6
201	EXAL NO.		lying cause last.	(c)			Same Adam					1000
RECORDS,	R: THIS CERTIFICATE SHOULD BE EXECUTED WITH TE, WRITING THE WORD "PENDING" IN PENCINE WARNED TO THE CHIEF MEDICAL EXAMINE R: PAGE 3 SHOULD BE USED AS A BURIAL - TRAITS AT THE STATE DEPARTMENT OF HEALTH AND MENTAL DEPARTMENT OF BURIAL, CREMATION, OR RECORD	7	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BI	IT NOT RELATED TO THE TER	MINAL DISEASE	OR CONDITION GIVEN IN PART	1 0				
RECO	A S CRE	MEDICAL CERTIFICATION	19a. DATE OF OPERATION	Ties CONDITI	ON FOR WHICH OPE	PATIONI W/	C DEGEO DATE DO			l su		
IAE I	SP HEF	FICA	THE DATE OF OTERATION	198 CONDITI	ON FOR WHICH OPE	KATION WA	AS PERFORMED?			20	AUTOPSY?	
DIVISION OF VITAL	WW W W W W W W W W W W W W W W W W W W	ERT	216. EXTERNAL CAUSE WAS	21b. TIME OF		Tale HC	W INJURY OCCURRED	LENTER NATURE OF IN	JURY IN STEM 18 PAR	RT L OR PART 21	YES XX	NO [
O N	STAND THE STAND	ALC	UNDERLYING XX OR CONTRIBUTING CAUSE OF		12-3 19 8	AR	ject recove					
ISIO	ERTIF ING ISH EPAIC	EDIC	214 INJURY OCCURRED	21e PLACE O	FINJURY (AT HOME,	211. LOC	ATION			1. 11.		-
P	WRITE WRITE SE 3	X	WHILE NOT WHILE X	STREET, FACTO	ORY, FARM, ETC. OME	The second second	N. Fremont	AVE . 1		. Balte	DM O	STATE
	PAN STAN		0/	and the state of t	1	Autops					-	•
	A STATE		/ 1/	n of the remove desc on shower	1 127	vicide .	y A.A. Inspection	Undetermined m		in my apinior	1	
	EXAMI CERTIFI JID BE DIRECTORY WITH		dedili resulted light	1 -	10	oicide [],	TITLE (SPECIFY)	Ondetermined m	onner,			
	A STATE	17.	ACTUAL SIGNATURE	-1.	301	Μ.	Assistant	MEDICAL EXAM	AINER	DATE	12-3-8	7
	TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND)		EVA AA IN IED'S NIA AAE									
	MEDIA RECUTE AGE 4 S FUNE FTER DE		EXAMINER'S NAME Char				DDKE33	Penn St.,	Balto.	, Md.	2120	1
	202249	23e.B	JRIAL, CREMATION, REMOVAL 2		23c. NAME OF CE			236 LOCATION		COUNTY	STA	ATE
07:84 25M	BP	74 FI	BURIAL	12-07-87	MT. ZIC	N CEM		BALTIMO				
	DHMH - 17		NAME	ADDRESS			UE	10 8 10Q	_ / / /	L Devide		
	(VR A15 ME (5))	FRK	OWN/THOMPSON FU	NEKAL HOME	P.O. BOX	4433		0 0 130	June	A Specific	in Kond	AUIn

STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR ETEASED NAME 20 DATE KNOWN X 26 HOUR OF ESTI-UNIERAL DIRECTOR. SFOR YOUR FILES. WITHIN 72 HOURS JACK WAYNE TIPTON DEATH MATED 3. SEX 4 RACE 5 DATE OF BIRTH IF UNDER 24 HRS 74 HOUR DATE PRONOUNCED White 8-7-1953 34 DEAD Male RETAIN PAGE 5 FOR YOUR PROPERTY ON THE PAGE 5 FOR YOUR BETWED WITHOUT BETWED WITH 12-10-87 :350 To BIRTHPLACE (STATE OF 76 CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED FOREIGN COUNTRY Maryland USA WIDOWED [DIVORCED Baltimore City
CUPATION (TYPE OF WORK | 126 KIND OF BUSINESS 10. CITY OR TOWN OF DEATH II NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION TYPE OF WORK Mechanic Ed's Refrigeration Baltimore 729 Bay Street 13a STATE 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? | 13e STREET ADDRESS Baltimore 729 Bay Street Maryland YES X NO [14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Caro1 George Tipton E. Mannings 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166 SOCIAL SECURITY NO 218-56-1105 George W. Tipton 7510 Carroll Ave. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG W TO **FUNERAL DIRECTOR**: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PRAMIT. AFTER DEATH WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, D. SAŲTIMORE, MARYLAND, 21201 PRIOR, TO BURIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY: Gunshot wound of head IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:10. 19a, DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED? HEAD ONLY) YES 🔯 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY Y UNDERLYING A OR self/inflicted CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY TATHOME. 211. LOCATION 214 INJURY OCCURRED WHILE AT WORK AT WORK X STREET, FACTORY, FARM, ETC. | 11Ving room Baltimore, Maryland STATE Bay Street Autopsy X 22a I certify that I taok charge of the remains de HEAD ONLY Inspection and in my opinion X death resulted from: Accident Undetermined manner TITLE (SPECIFY) ACTUAL DATE 12-11-87 Assistant SIGNATURE EXAMINER'S NAME Margarita A. Korell, M. DADDRESS 111 Penn Street TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 236 DATE 234 NAME OF CEMETERY OR CREMATORY 23d. LOCATION Loudon Park Baltimore, Maryland Buria1 12-15-87 DEC 1 7 1987 Man Dender Con 24 FUNERAL DIRECTOR Duda-Ruck funeral Home of Dundalk ten Dendern Kan **DHMH - 17** 7922 Wise Ave. Dundalk, MD (VR A15 ME (5))



ST	ATE	OF	MA	RYL	AND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

Alia Devidern-Randale

25a DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE

7	l _t	7	6	3	[
ISION OF VITAL RECORDS, 201 W. PRESTON ST. BALTIMORE, MARYLAND 21201	10	PHYSICIAN. The low requires that the death certificate be executed within 24 hours after death. Page 4 may be	ending physician	the certificate has been signed by the attending physician and completely tilled in by the funeral director page 3 C.O. he buried training earner. Then please compare compares. Pages 1 and 2, hauld be filed within 72 hours ofter death	nd Mental Hygiene prior to burind, cremotion, or removal.

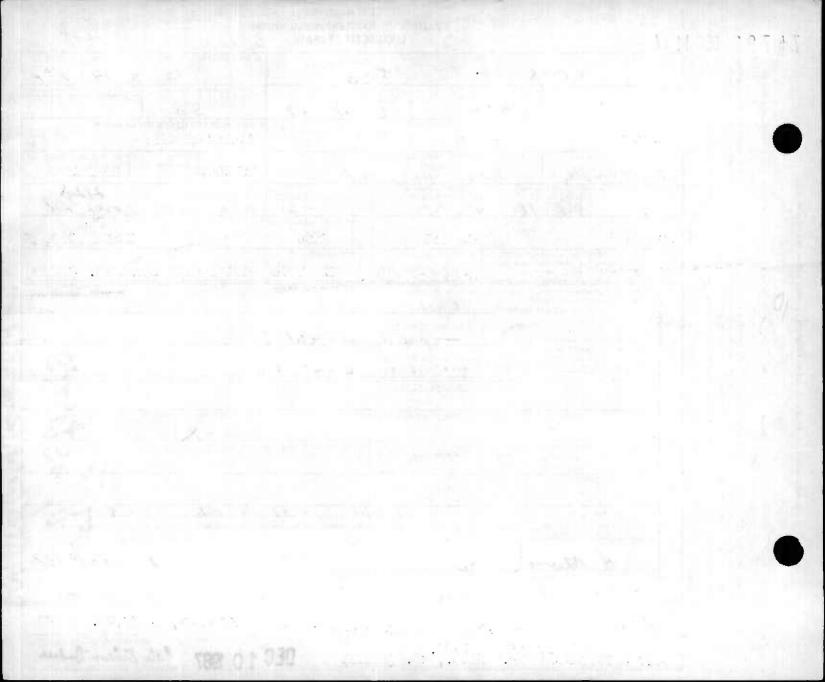
FOR

24 FUNERAL DIRECTOR

DHMH - 16 60M 7/84 (VRA 15, 4)

SOL LEVINSON & BROS SS 6010 REISTERSTOWN RD. BALTO., MD. (21215)

DEC I		STATE REGISTRAR	DEP		ICATE OF DEATH	8 7 REG. NO	5 3	0	1.
		EASED NAME FIRST	RIVE E.	TO	AST R.R.	20 DATE OF DEATH	AONTH DAY	YEAR ST	26 HOUR
	3. SEX	Female	1 RACE . White	5. DATE (6 AGE (IN YEARS LAST BIRTH	IDAY) IF UND	ER I YEAR	IF UNDER 24 HRS HOURS MIN.
35		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	MARRIE WIDOWI	D NEVER MARRIED	9 BALTIMORE CITY OR BALTIMORE	COUNTY OF D	EATH	MD
14	10 CT	altimore	11. NAME OF HOSPITAL, NO (IF NOT IN SUCH FACILITY, GIVE SING!		OR OTHER INSTITUTION	HOUSEWIFE	WORKING LIFE) 12b		F BUSINESS OR
16	13a. S	TATE 136 CC	e or other institution give residence DUNTY 130. CITY OR		134 INSIDE CITY LIMITS?	130 STREET ADDRESS / 8/38 Scut	75 6	2 Vel	208 Rd
		THER'S NAME RRIS	MIDDLE SALAWIT		15. MOTHER'S MAIDEN NO ROSE	WIDDLE	XXX	OOPER XXXXX	XXXXXXXXX
2 Judico		(IF YES	CWE WAR ORD LIFES	SECURITY NO 24-7106	DAVID TOBB	8138 SCOTT			(21208) MATE INTERVAL
pry, or other tra	NOI	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICATE			Brewt C		ITION GIVEN IN	PART No	,
1	TIFICATIO	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WER IN CERTIFYING YES	CAUSES	IGS USED OF DEATH?
9	CAL CER	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM	F DEATH HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY	IN ITEM 18 PART I O	R PART 2)	12
red or	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET FACTORY, O	OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOW	'N C	OUNTY	STATE
21 is mo		220 I certify that (1) (this he saw the deceased alive	ospital) ottended the deceosed le on d not) view the body after death_		nd that in (my) (our) opinion	to	te and hour and	-	that (I) (we) last couses stated
7 H Ben		226. SIGNATURE	nd up			MEDICAL STAF	F(4	DATE !	5/87
APORTAN		Stephen	> Gordin		Sinai Ho		w, Belved	lace	Ave
7 4	23a 8	BÜRTAL	23b. DATE 12/6/87	HERDEM	MEN CEI		, BALTO,	MD.	STATE



7684	8 DEC 3	87	FOR STATE REGISTRAR			DEPARTI		EALTH AND MENT			3 G. NO.	5 3	0 8
e q	d co e o e o e o e o		CEASED NAME OR PRINT)	SER	TRU	DE	7	ohson	20.	DATE OF DEA	TH MONTH	27 8°	7 225/
ge 4 mo	ector. po	3. SE	Female	4.	Blace	K	S. DATE C		EAR	GE (IN YEARS L	AST BIRTHDAY)	MONTHS DAY	
degth. P	3		RTHPLACE (STATE OR F		USI	WHAT COUNTRY?	WIDOWE	5-4-2	ED [] (ED []	BALTI	MORE	TY OF DEATH	ry N
21201	by the filled with	B	ALTIMORE	=	LIBE !	TY ME	EDICI	AL CENT		USUAL OCCU PE OF WORK FOR			O OF BUSINESS O
AND a 24	filled in	13a S	AL RESIDENCE (IF NURSI	13b. COUNT	THER INSTITUTION	Baltimo	(N	134. INSIDE CITY LIN YES X NO [STREET ADDR		brook	21217 Ave
E, MARYL	on plete	G	THER'S NAME FIRST an vale		DOLE	DIKOn			ma		ADDRESS		LAST
ALTIMORE	rs. Poges		VAS DECEASED EVER YES, NO OR UNKNOWN) 140	(IF YES, GIVE V	VAR OR DATES)	212-12-	7797	Helen (ovet			elbrook,	
ST., B	g physici bonpoper removol.		PART I. DEATH W	Enter only AS CAUSED IMMEDIATE	BY:	line for (0), (b), on	deo	pulmon	auj	ass	est	BETWE	OXIMATE INTERVAL EN ONSET AND DEATH
PRESTOR	by the ottendir se remove cork cremotion, or other troumotion		Conditions, if any, gave rise to imm cause (a), stotin underlying cause	ediate g the	(b)_	R AS A CONSEQUE	PD	,	Mi	?			
NRDS, 201 W	signed the free free free free free free free fr	NO	PART 2. OTHER SIGN	IIFICANT CO	(c) INDITIONS <u>Co</u>	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO TH	HE TERMINA	L DISEASE OR	CONDITION	GIVEN IN PART	1(0
PECC No.	has been t permit. I ene prior ows any ii	CERTIFICATION	19a. DATE OF OPERAT	ION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		YES NO	IN CEI	YES, WERE FINI RTIFYING CAUS YES	DINGS USED ES OF DEATH?
DIVISION OF VITAL	ertificate iol-fronsi intol Hygi		218, ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER, NOTIFY MEDIC	AUSE OF DEATH	HOUR A.	M. MONTH D	AY YEAR	21c HOW INJURY O	OCCURRED	(ENTER NATURE C	OF INJURY IN ITEM	18 PART I OR PART 2)
NOINISION	ottendin fer this c os the bur h and Me	MEDICAL	WHILE NOT WHAT WORK AT WORK	LE 🗆	21e. PLACE (AT HOME, STE	OF INJURY REET, FACTORY, OFFICE F	ARM, ETC.)	211 LOCATION STREET		CITY	ORTOWN	COUNTY	STATE
TTENDIN	CTOR: At I for use of Healt		220.1 certify that (1) sow the decease above, (1) (we) (d	d alive an_	12-	19	12- 57, or	97-67, 19 ad that in (my) (our) (opinion deat	to to an	the date and	hour and fram t	_, that (I) (we) la he couses stated
TAL OR	AL DIRE		Sher	A	Ha	shows			DING M	EDICAL RECTOR P	STAFF HYSICIAN	120. DA	TE SIGNED
HOSPIT	POTT		SHER A	ME (TYPE OR P	HAST	trii		27e ADDRESS 2600 4	LIBER	TY H	HETGH	FTS AV	E-2121

STATE OF MARYLAND

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR Wm. C. March F/H West 4300 Washash Avenue

23b. DATE 12/31/87

230 BURIAL, CREMATION, REMOVAL

Burial

Landsdown Mt Zion Cemetery Cem

23c. NAME OF CEMETERY OR CREMATORY

COUNTY

Md

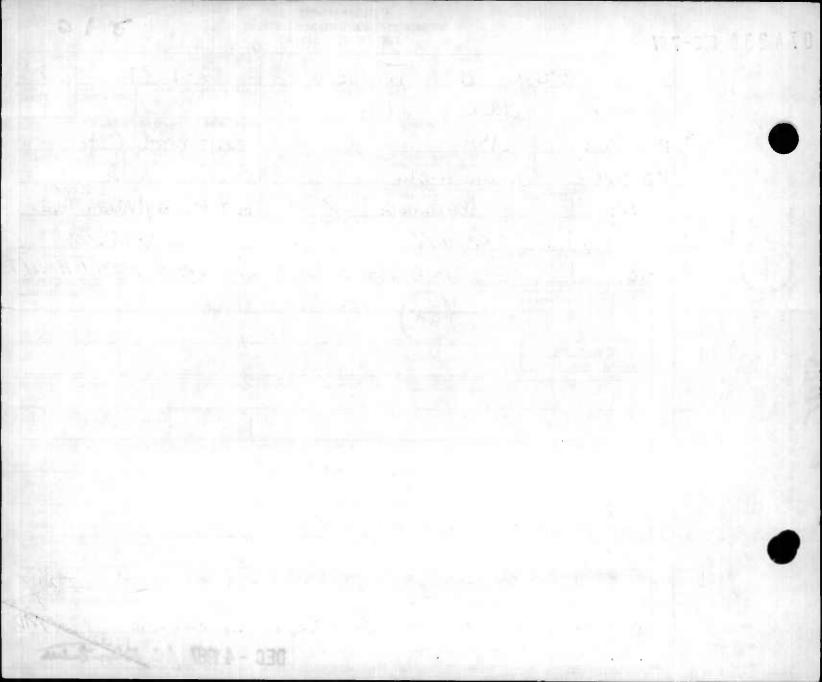
250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DEC 3 0 1987



056.3.1

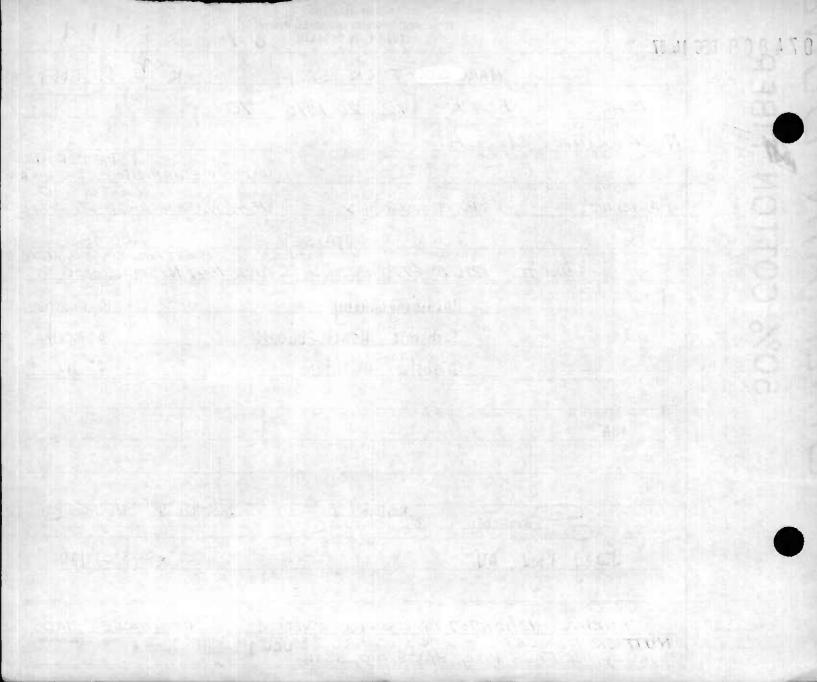
76609 DEC	aL.	FOR STATE REGISTRAR FIRST		DEPARTN	CERTIF	OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	YGIENE REG. N REG. N	3 5	3 () 9
o e o o		OR PRINT) Thomas		WIDDLE	Tren		December	00 70		26 HOUR
ge 4 may be setor, page	3. SE.		4. RACE Whit	White White The CITIZEN OF WHAT COUNTRY? USA 11. NAME OF HOSPITAL, NURSING (FENOTUN SUCH FACILITY, GIVE STREET A SLL S. VINCENT		F BIRTH ch 25° 1936°	6 AGE (IN YEARS LAST BI		FUNDER TYEAR	IF UNDER 24 HRS
nerol dire	70. 81	RTHPLACE (STATE OR FOREIGN Maryland				NEVER MARRIED DIVORCED	Baltimore City of Baltimor	OR COUNTY O		MD
by the fullified with	10. C	TY OR TOWN OF DEATH Baltimore					12a USUAL OCCUPAT		126. KIND OI INDUSTRY	f Business Or
Hilled in	13a. S	AL RESIDENCE (IF NURSING HOME STATE 136 COL Md. 136 COL	OR OTHER INSTITUTION UNITY	130. CITY OF TOWN Baltimo	N I	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS		treet 1	21223
MARIN 1800	140F A	THER'S NAME FIRST	MIDDLE	Trent S	Sr	15. MOTHER'S MAIDEN N	MIDDLE		Clark	
MORE COM		VAS DECEASED EVER IN U.S. A	ARMED FORCES? GIVE WAR OR DATES)	212-34-4		Ruth Davis	ADDR 43 Everlast		ne 2122	20
T, BAL Thicate i physica magnet		18 CAUSE OF DEATH (Enter PART), DEATH WAS CAU	only one cause per SED 8Y: ATE CAUSE (a)	r line far (a), (b), and	ute 1	Nyo cuido	al Infere	Aim	BETWEEN	mate interval onset and death on halos
W. PRESTON S of the death or or the amount of the amount of the traumonic		Canditions, if any, which gave rise to immediate cause (a), stating the underlying couse last	DUE TO, O	R AS A CONSEQUE	/	ASCUP Dage lat	n: I de	n. 11.3	10,	kyla-
ORDS, 201 equirer the rt Then place or to Eurobia	MOLL	PART 2 OTHER SIGNIFICAN	1	odd In	CEATH BUT	in Myoc	RMINAL DISEASE OR CON	Dorfa	N IN PART 110 TEM WERE FINDIN	1981
TAL REC	CERTIFICATION				OPERATIO	N WAS PERFORMED	200 AUTOPS♥? YES □ NO□	IN CERTIFY YES	ING CAUSES	
NOF VI	SEDICAL CE	2] 0, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF L (IF EITHER, NOTIFY MEDICAL EXAMIN	DEATH HOUR A.	M. MONTH DA	Y YEAR		JRRED (ENTER NATURE OF INJU	IRY IN ITEM 18 PAR	RT I OR PART 2)	
DIVISIO NG PHY of the this or the tr th and N	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC)	211 LOCATION STREET	CITY OR TO	NWC	COUNTY	STATE
ATTENDS ATTENDS ACTOR A CTOR A		220.1 certify that (1) (this has saw the deceased alive above, (1) (we) (did) (did			, an	d that in (my) (aur) apinic	n death accurred an the d			that (I) (we) last couses stated
FAL DR. RAL DIRE of detaching detaching Dept. History Mr. if then		27b. SIGNATURE	rey F.	Loly n	DU'	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN	220. DATE:	3087
O HOSP Trained to The hould be		Jeffry	2/Fi	ole M	P	3 455	W; Hens	Ave	212	290
BP		SURIAL, CREMATION, REMOVA				EMETERY OR CREMATOR	CITY OR TOWN		COUNTY	STATE
DHMH - 16 60M 7/84	24 FI	Burial UNERAL DIRECTOR	12/31	ADDRESS	orela		ATE REC'D. BY REGISTRAF	timore 25b. REGISTR	Maryl AR'S SIGNATI	and JRE
(VRA 15, 4)		Connelly Fune	ral Home		e Ave	21721 0	EC 30 1087	A. C.	p	· / /

Connelly Funeral Home 300 Mace Ave.



074809

	- 1				STATE OF MAI	RYLAND				
		1	FOR STATE	DEPARTA	MENT OF HEALTH A	ND MENTAL HYGI	ENE	-9 67	7 1	
200	DEC	1.	FEGISTRAR		CERTIFICATE ()F DEATH	8 / REG. NO	3	0 1	
1000	DEC		CEASED NAME FIRST	WIDDLE	LAST			MONTH DAY	YEAR	26 HOUR
poge 3		(TYPE	OR PRINT) WILLIE	HAROLO	TUCK	SR.	THE PARTY	12 07	87	1:55 PM
mo)	411	3. SE:	Χ	4 RACE	5. DATE OF BIRTH		6. AGE (IN YEARS LAST BIR	THDAY) IF UP	DER TYEAR	IF UNDER 24 HRS
rector urs of			MALE	BLACK	12 20	1916	70	YRS	HS DATS	HOURS MIN.
a 500	VA	. 6	RTHPLACE STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEV	ER MARRIED	9 BALTIMORE CITY O	R COUNTY OF	DEATH	
	1		CAROLINA	U.S.A.	WIDOWED	DIVORCED [BALTIMOR			MD.
1116			TY OR TOWN OF DEATH BALTIMORE	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET UNION MEMORIAL		INSTITUTION	120 USUAL OCCUPATI	F WORKING LIFE)		TOF ATR
n b	e -			OTHER INSTITUTION GIVE RESIDENCE BEFORE			AUTO MEC	HANICH	opce,	HNDKEUS ALB
24 ho filled i	muset	13a S	ARYLAND 136 COUN	130 CITY OR TOW	N 13d INSI	DE CITY LIMITS?	130 STREET ADDRESS /	MALL WO	4010,	T, 21216
thin thin	ne		THER'S NAME	1007707		HER'S MAIDEN NAM				,, ,,,,,
P de s	exon		D. E	TUCK		PAISEY	MIDDLE	и	10mE	3LE 10, 2/2/6
Do de con	edical		VAS DECEASED EVER IN U.S. AR	E WAR OR DATECT		RMANT MRS.	· BH	ETIMO	RE, n	10,21216
be exe	e med		YES WU		6976 BER	NICE J. 7	ruck 1541	N. SMA		
cate hysica oper	nt, th		18 CAUSE OF DEATH (Enter on	ly one couse per line for (a), (b), one DBY:	dick					MATE INTERVAL
g ph anp	evel	1		E CAUSE 10) COCOL	myopath	4			10	months
th ce rock	natic			DUE TO, OR AS A CONSTOUR		, .		VIII - 1		1
deo atte	roun		Conditions, if any, which gave rise to immediate	((b) <u>Tscho</u>	mia Hea	st Disoo	10		10	months
of the se rem	other t	`	couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUE	NCE OF MAL	litur			20	uss.
es th	, ar		PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO		11.14.	NAL DISEASE OF CONI	DITIONI CIVENI		
sign Then to be	njury	Z	TANTE OTTEN SIGNIFICANT C	CIVETIONS CONTRIBUTING TO D	DEATH BOT NOT KEEP	TED TO THE TERMI	THAT DISEASE OR COIN	JIION GIVEN I	IN PART TO	
beer mit.	Auo	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PE	RFORMED	20a AUTOPSY?	206 IF YES, WE		
hos per	Sm	FI	NIA				YES T NOT	IN CERTIFYING	G CAUSES (OF DEATH?
A: The visition of the state of	8 Sh	ER	21a. ACCIDENT WAS UNDERLYING		21c. HO	W INJURY OCCURR	ED (ENTER NATURE OF INJUR		ORPART 2)	
phy phy tol trol tol trol tol	7		OR CONTRIBUTING CAUSE OF DEA		AY YEAR					
YSK ding s ce s ce	r le	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER	P.M. 21e. PLACE OF INJURY	19 211 LOC	ATION			-	
otten otten ter thu	rkedo	ME	WHILE NOT WHILE AT WORK	(AT HOME STREET FACTORY, OFFICE, F		TREET	CITY OR TO	WN	COUNTY	STATE
AP OF AP	s ma		22a 1 certify that (1) this haspit	all attended the deceased from_	Novimber	15 19 87	_ to December	19_	61	hot (I) (we) ost
prio prio for af H	21:		sow the deceased plive on obove, (I) (we) (idid) (did no		and that in	(my) (our) opinion d	eath occurred on the do	ite and hour and	d from the c	ouses stated
hos hos hed hed ept	Hem		226. SIGNATURE	A death and body offer death.	DEGREE				220 DATE S	IGNED
1 = 41	T: #		stary R	MJ MD		ATTENDING PHYSICIAN	MEDICAL STAF	IAN X	12/7	187
by by VERA Se de	Z		22d PHYSICIAN'S NAME (TYPE O	(PRINT)	22e ADE		, owner on C. Throne	7.0		
TO FUNE shauld be with the	MPORTANT		STACY ROSS, N		UN	ION MEMOR	IAL HOSPITA	AL.		
op 10 Shop	₹		SURIAL, CREMATION, REMOVAL	236. DATE 23c N	NAME OF CEMETERY	OR CREMATORY	23d LOCATION			
BP		- (BURIAL		RRISON FOR	EST VET, CE	m CITY OR TOWN	BALTIMO	RE,	MO,
DHMH - 16 60M			VUITER FUN		SIINC		REC'D BY REGISTRAR	256 REGISTRAR	SSIGNATO	Redoces
(VRA 15, 4)		4	OI G-WYNNS F	ALLS PKWY BAL	10. mo. 7	1214				



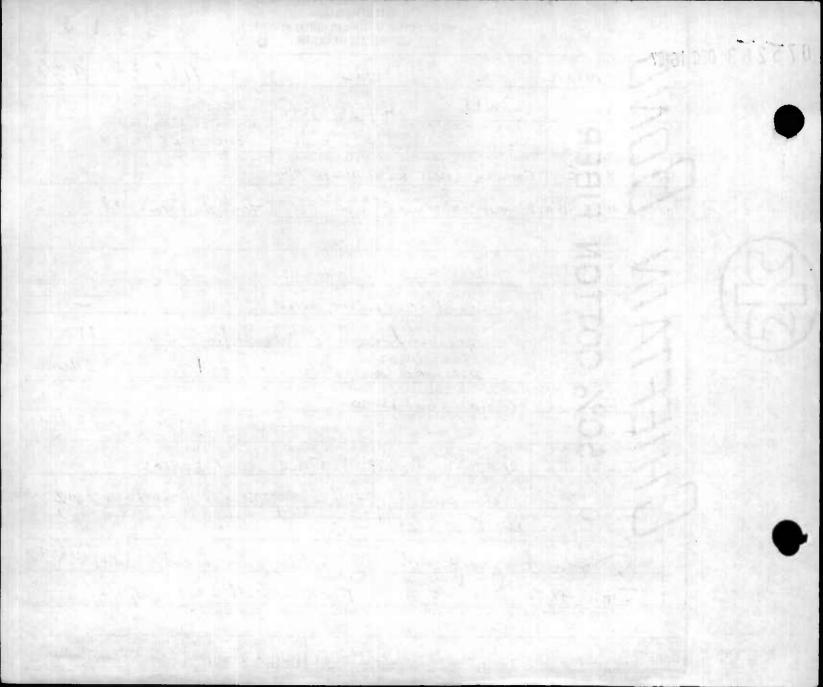
John C. Miller, Inc.-6415 Belair Road-21206

DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND

Adia Davidson Pandall



FOR

DEC

STATE OF MARYLAND

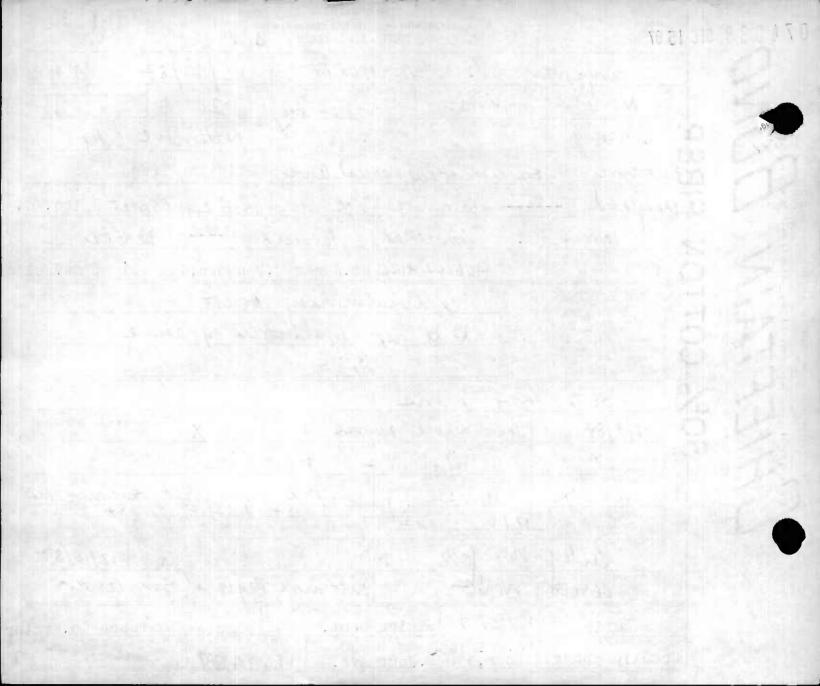
HYGIENE

EPARIM	LENI	UF	HEA	LIH	AND	MENI	AL	li
	CE	RTI	FIC	ATE	OF	DEAT	H	

7	REG. NO	5	3	1	
---	---------	---	---	---	--

1	1 -	REGISTRAR				CERTIF	ICATE OF DEATH	8 7 REG. N	3 5	3 1	4		
1	De	ASED NAME	FIRST	,	MIDDLE	ı	AST	20 DATE OF DEATH	MONTH E	DAY YEAR	26 HOUF	R	
	Titre		letus	V	v.	Van	Devander		12 1	7 87	426	AM	
	3 SEX		1	4 RACE		5. DATE C		6. AGE (IN YEARS LAST BE		IF UNDER I YEAR	IF UNDER 2		
Male				6Whit	ce	Febr	uary 10, 1923	64	YRS.	MONTHS DAYS	HOURS	MIN.	
1		RTHPLACE (STATE OR	FOREIGN	76. CITIZEN OF	WHAT COUNTRY	? 8.	D NEVER MARRIED	9. BALTIMORE CITY		OF DEATH			
2		West Virg	inia	USA		WIDOWE		Baltimon	e City	V		MD.	
7	10 CT	TY OR TOWN OF DE			HOSPITAL, NURS		OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION	126 KIND C	F BUSINE	_	
		Baltimore					edical Center	Retire			. Ste	eel	
7	USUA 13a. S	L RESIDENCE (IF NUME	THE COUN		GIVE RESIDENCE BEFO		134 INSIDE CITY LIMITS?	13e STREET ADDRESS	/ 7IB CODE				
7	100.0	Maryland		ltimore	Balti		YES NO X	8199 Gumt		rive 2	1222		
2	MEA	THER'S NAME	10.75	AIDDLE	1457		15 MOTHER'S MAIDEN NA	AME		LAS			
U	1	Lee		MUDULE	VanDe	vander	Julia	C.		VanDe		er	
Ī		AS DECEASED EVER			166 SOCIAL SEC	URITY NO.	17. INFORMANT	ADDR	ESS				
)	1 (1	Yes	WW	WAR OR DATES)	217-22-	4290	Susan D. Br	runeau 109 M	lanassa	as Ave.	226	630	
		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH										VAL	
ı		PART I. DE ATH WAS CAUSE (b) CARDIAC ARREST									7.5		
	20	DUE TO, OR AS A CONSEQUENCE OF											
		Canditions, if any, which (b)											
ı		gove rise to immediate cause (a), stating the DUETO, OR AS A CONSEQUENCE OF											
		underlying cause last											
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN									a		
	CERTIFICATION												
ì	CAT	190 DATE OF OPERA	IION	196 CONDI	TION FOR WHIC	H OPERATIO	N WAS PERFORMED	20a AUTOPSY?			WERE FINDINGS USED ING CAUSES OF DEATH?		
	TIF							YES NO YES					
è	CER	218. ACCIDENT WAS UN		216. TIME O	FINJURY M. MONTH I	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJ.	IRY IN ITEM 18 PA	ART I OR PART 2)			
	CAL	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTEY MEDICAL EXAMINER)		***		19							
ı	MEDICAL	214. INJURY OCCURRED			21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ET-		211 LOCATION STREET	CITY OR TOWN		COUNTY STATE			
	2	AT WORK NOT WE		(A) POME, SINCE, PACIONI, OFFICE, PARM, ETC.)									
	7.7	270 1 certify that (1) this hospital) attended the deceased from 12/8 1987, to 12/17 1987, that (1) (we) lost											
		saw the deceased alive on											
î		226. SIGNATURE				DEGREE			22c. DATE	SIGNED			
		Kavi Salgia				^	D ATTENDING PHYSICIAN (MEDICAL STA	12/17	12/17/87			
		224 PHYSICIAN'S N	AME (TYPE OF	PRINT		4 4 4	22e ADDRESS						
		KAYI SA	161A				FRANCIS SO	COTT KEY HO	SPITAL				
-		URIAL, CREMATION,	REMOVAL	236. DATE	236	NAME OF C	EMETERY OR CREMATORY	23d LOCATION					
	()	Burial		12-21		Pine Hi		Brandywi	ne Wes	t Virg	inia ^s	ATE	
	24. FU	INERAL DIRECTOR	Duda-	Ruck Fu	neral Ho	ome of		TE REC'D. BY REGISTRAF	256. REGISTE	RAR'S SIGNAT	URE	TITT	
		79	922 Wi	se Aven	ue Dunda	alk, M	21222	1 8 1987	Julia ;	Dender.	Kandes	B. (

DHMH - 16 50M 4/83 (VRA 15, 4)



15 1 25 (1 25 Care) TARGETTE STATE OF THE SECOND of the state of th State of the same of the same wast growthin bonfron 15250 12515 The second section of the second section of the second section is the second section of the section

and the second state

dels le ambrad | TP\12\14

FOR

Muriel Vennari, 111 Maiden Choice Lane PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [21t. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 221. DATE SIGNED FUNERAL DIRECTOR PHYSICIAN MPORTANT: Id b 3 € 0 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a BURIAL CREMATION, REMOVAL 23b. DATE 12/23/87 Baltimore (SPECIFY) Buria. Loudon Park Cemetery BP Maryland 25 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 50M 1/81 (VRA 15, 4) Hubbard Funeral Home, Inc., 4107 Wilkens Ave

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

26 HOUR

IF UNDER 1 YEAR

12b. KIND OF

Balto. County

LAST

Mazza

INDUSTRY

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH

G	8 7 REG. NO. 5	3 1 9
	12/21/8 ~	DAY YEAR 26 HOUR 550 M
	22	FUNDER TYEAR IF UNDER 24 HRS
	9 BALTIMORE CITY OR COUNTY BALTIMORE	OF DEATH MD
	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE HOMEMAKET	126. KIND OF BUSINESS OR INDUSTRY
	13e.STREET ADDRESS / ZIP CODE 133 Hollingswort	
A۸	WE	Garrett

	1. DECEASED NAME FIRST (TYPE OR PRINT) KATHE	D 201 FF	JONES	VESP	E.R		20 DATE OF DE	ATH MONTH	DAY YEAR	Y 80 1 4	OUR 50
			ONES				14/2	1/8/7		0	DW
	3. SEX Female	4.RACE White		5. DATE O		YEAR	& AGE (IN YEARS	LAST BIRTHDAY)	MONTHS DA		DER 24 HRS
				Sept	t. 6,	1910	77	YRS			
5	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF	WHAT COUNTRY?	MARRIE	NEVE	MARRIED -	9 BALTIMORE G		ITY OF DEATH		
0	Maryland	U.S.A.		WIDOWE		DIVORCED					MD
0	BALTIMORE CITY.	MOTON	HOSPITAL, NURSING	•HOSP	TTAL	ISTITUTION	126 USUAL OCC (TYPE OF WORK FOR Homema	MOST OF WORKING			INESS OR
	130. STATE		13c. CITY OR TOWN		13d. INSIDE	CITY LIMITS?	13e.STREET ADD	RESS / ZIP CO	ODF		
1	Maryland Cec	il	Elkton		YES 🏋	NO 🗌	133 Hol			or 2	1921
7	FATHER'S NAME	MIDDLE	LAST		15. MOTHE	R'S MAIDEN NA	AME	DDIE		LAST	
	John		Chadwid	ck	Al	ice		7011	Gar	rett	
2	(YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES?	16b. SOCIAL SECUR	ITY NO.	17 INFORA			ADDRESS		T-7	
	No	t man on bares;	221 10 68	316		res D.	Jones, 3	1034 B1	rkdale	way	
	18 CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE	D BY:	line far (a), (b), and	101.1	. / .	Anda	E	11110	BETWE	OXIMATE IN EN ONSET A	ND DEATH
	IMMEDIAT	E CAUSE (a)	LUTUA	2000	urn	Unac	4	ulul-			
	Candition II Vid	DUE TO, O	RAS A CONSEQUE	P 1	nce						
	Conditions, if any, which gave rise to immediate	(b)	July		ICH						
	couse (a), stating the underlying cause last.	DUE TO, O	R AS A CONSEQUE	VCE OF							
	PART 2 OTHER SIGNIFICANT O	ONDITIONS CO	NITRIBUTING TO D	EATH BUT	NOT DELATI	ED TO THE TER	AND DISEASE OF	COMPITION	CIVENLINI DADI	1	
		noni		LAIII BOTT	NOT KELATI	D TO THE TER	MINAL DISEASE OF	CONDITION	SIVEN IN PARI	110	
	Preur 190 DATE OF OPERATION 12/20/87 210. ACCIDENT WAS UNDERLYING		TION FOR WHICH (PERATION	WAS PERF	ORMED	200 AUTOPSY	2 20b. IF	YES, WERE FIN	DINGS U	SED
	12/20/87	Ex	plorador	u L	apora	atomy	YES TI NO	NST IN CER	TIFYING CAUS	ES OF DE	
	216. ACCIDENT WAS UNDERLYING	21b. TIME O	F INJURY	+	11		RRED (ENTER NATURE	6			
	OR CONTRIBUTION CONTRACTOR OF DE	1111	M. MONTH DA	Y YEAR	200						
	(IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	21e. PLACE		19	21f LOCAT						
	WHILE NOT WHILE AT WORK	(AT HOME, STR	EET, FACTORY, OFFICE, FA	RM, ETC)	STRE	ET	CII	Y OR TOWN	COUNTY		STATE
	220.1 certify that (1) (this hospi	/	e deceosed from	12/	118	19 &	7, to/	2/21	. 19_8	, that (I	(we) lost
	saw the deceosed alive on abave, (1) (we) (did) (did no		ofter death,	, an	d that in (m	y) (our) opinian	deoth accurred an	the dote and h	nour and from t	he causes	stated
	178. SJESNATURE	1	, >	C	EGREE	ATTENIE			22t. DA	TE SIGNE	D
	ya varen	Sel	3 11)		ATTENDING PHYSICIAN	MEDICAL DIRECTOR D	STAFF	110	1/21	18
	22d. PHYSICIAN'S NAME ITYPE O	R PRIVI			22e. ADDR	ESS					7

CAMILLE CHAMBERS, M.D.

UNION MEMORIAL HOSPITAL

23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 236. DATE (SPECIFY) 29,1987 Burial Dec. Elkton Cemetery

23d LOCATION CITY OR TOWN Elkton

COUNTY Cecil

DHMH - 16 60M 7/84 (VRA 15, 4)

a 18 shows any

MPORTANT: If them 21 is morked or the

FOR

STATE BY REGISTRAR

Hick's Home for Funerals

Efkton, Md.

250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE DEC 2 8 1987

Md.

MATERIAL PERSONAL PROPERTY AND ACCOUNT OF THE PROPERTY AND ACCOUNT.

						STATE OF M	ARYLAND					
	53.1	1.	FOR STATE		DEPARTM	ENT OF HEALTH			IE		en fan . Yn	
F100			REGISTRAR			CERTIFICATI	E OF DEATH	8	7 REG. N	5	3 2	0
5408	DEC	BD8	ASED NAME FIRST	MIDD		LAST		20	DATE OF DEATH	MONTH E	AY YEAR	2b. HOUR
be 3			Gladys	W	•	Via				12/	4 81	5:30 0 M
le po		3. SE		4 RACE		5. DATE OF BIRTI		-	AGE (IN YEARS LAST BIR	_	FUNDER I YEAR	IF UNDER 24 HRS
ge 4		1	F	Cauc		7	/2 19	14	73	YRS		
Q 10 Z	24		RTHPLACE (STATE OR FOREIGN	Th CITIZEN OF WH	AT COUNTRY?	MARRIED 1	NEVER MARRIE	D - 9	BALTIMORE CITY	R COUNTY	OF DEATH	
deoat	3		vid (USA		WIDOWED	DIVORCE	DO		CIF	4	MD
s offer o	31	No CI	BA1+8.	Francis	SPITAL, NURSIN	THOME OF OTH	ed. Ce	n. 12	USUAL OCCUPAT CTERK MOST C	ION OF WORKING LIFE	126 KIND O INDUSTRY Beth	· Stee
24 hour	35	3a. S	LATE 136 COUNTY		CITY OR TOWN		NSIDE CITY LIM		STREET ADDRESS	Pleas	21224 sant A	ve
ithin sely	2	14 FA	THER'S NAME		7		OTHER'S MAID	ENNAME				
om le	C S	_	amuel	1	lliott SOCIAL SECU		Mary	34.	MIDDLE	30000		ullen
on and Pages	Moedico		VAS DECEASED EVER IN U.S. AR LES NO PRUNKNOWN) (IF YES. GIV			8360Mrs	FORMANT Pat			Teasa	2122	4
ers of the branch	7 F		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	aly one cause per line	for to , b, one	lien	Po 11/3			14	BETWEEN	MATE INTERVAL DISET AND DEATH
The same	even		IMMEDIA	TE CAUSE (a)	CIZA						30	lay,
ath ce	notic			DUE TO, OR AS	A CONSEQUE		2 1	\			20	.1.
e dec	trau		Canditions, if any, which gave rise to immediate	(6)	parie		SNING	9101	ma		30 "	CHNON
by th	l, cren other		cause (0), stating the underlying cause last	DUE TO, OR AS	S A CONSEQUE	NCE OF					4.3	
ires gne gne npl	ury, or	7	PART 2 OTHER SIGNIFICANT	CONDITIONS CONT	RIBUTING TO D	EATH BUT NOT R	RELATED TO THE	E TERMINA	AL DISEASE OR CON	DITION GIVI	N IN PART 1 c	
reques s	y inju	CERMFICATION	19a DATE OF OPERATION	Time CONDITIO	NI FOR WHICH	OPERATION WAS	BEREORMER		20a AUTOPSY?	Tank IE VES	, WERE FINDIN	ICS LISED
os be	ws or	FICA	196 DATE OF OPERATION	148 CONDITIO	IN FOR WHICH	OPERATION WAS	3 FERFORMED			IN CERTIFY	TING CAUSES	OF DEATH?
ysicial cafe h	sho of	ERT	710 ACCIDENT WAS UNDERLYING	7 216 TIME OF IN	UURY	121c H	HOW INJURY O	CCURRED	YES NOW	PY IN ITEM IS PA		NO 🗌
4 4 4 T	H los		OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M.		Y YEAR			(E-VIEW TATION)			
YSIC ding s cert	or life	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE)	P.M. 21e. PLACE OF	INJURY	19 21f L	OCATION					
offen offen ser the	orked o	ME	WHILE NOT WHILE AT WORK		FACTORY OFFICE FA	ARM, ETC }	STREET		C 174 OR TO	WN	COUNTY	STATE
A A A See o	s ma		22a-1 certify that (1) (this hasp			9-1	. 19_	4-	10 12-	14	981	that (I (we) last
prior prior for the	21 i		saw the deceased alive an above (1) (we) (did) (did no	at I view the bady after	19_8	, and that	in (my) (our) o	pinian dea	th occurred on the d	ate and hour	and from the	causes stated
OR A e hos DIREC	hem hem	-0	276 SIGNATURE	11/2/	/-	DEGRE					22c. DATE	SIGNED
Al Al deto	ote C		Hamas	XV/1.	10	Wi	rnisic	IAN D	MEDICAL STA PIRECTOR PHYSIC		12-	14-87
HOSPIT ined by FUNER	APORTANI		224 PHYSICIAN'S NAME (TYPE	OR PRINT)		77e A	ADDRESS	10	. D	1.	1	
FO HOSP etained I TO FUNE	With O		Howard =	· loch		17	SKM.	ed	ytr B	1+N	10 51.	224
		23a E	BURIAL, CREMATION, REMOVAL			AME OF CEMETE			236 LOCATION		COUNTY	STATE
BP	_		JNERAL DIRECTOR	12/16/	o/ Ga	rdens c	of Fai		Balto EC'D BY REGISTRAR	25h DEC IST	ADIC CHALAT	Md
DHMH - 16 60 (VRA 15,				Inc. 3	000°E.	Balto	St	DEC	1 7 1987	Acilia	Deriden.	- 0

		1.#	18,21abcdef,2 FOR,21abcdef,2 STATE 2/9/88 ka	2a,FilmG6	B6 DEPARTM		OF MARYLAND ALTH AND MEN		F			
		100	REGISTRAR	am 🔥	AEDICAL EX			ATE OF DEA		6. 3	2 1	
631	1 4 DEC 28	GOLE	CEASED NAME FIR	\$1	MIDDLE		LAST		20 DATE KNOWN OF ESTI-	MONTH	DAY YEAR	26. HOUR
	ES. S. S. S. C.			man			Vice		OF ESTI-	□ 12/	21/19 87	
	PLEASE CTOR FILES HOUR	3 SE	4. RACE	DATE OF BIR	TH 6				2c. DATE	MONTH	DAY YEAR	110:3
- 27	DIR OUR ONS	M	ALM NEGR		4-53	34/rs.	MONTHS DAYS	OURS MIN	PRONOUNCED DEAD	12/2	1/ 19 87	A M
6	CESSARY, DERALDIR OR YOU! ITHIN 72	7a B	RTHPLACE (STATE OR -		WHAT COUNTR	Y? 8.	MARRIED SEVER	R MARRIED	9. BALTIMORE CITY			
	DANCE NO.		DUFY CARCIEN	1 W.	5.19			DIVORCED	Baltimor	e City		MD
	AND DELAY IS NECESSARY, PLASE AND 3 TO THE FUNERAL DIRECTOR. BETAIN PAGE 5 FOR YOUR FILES. WOULD BE FILED, WITHIN 72 HOURS RECORDS, 781 W. PRESTON STREET,	10 C	TY OR TOWN OF DEATH	11. NAME OF H	HOSPITAL, NURS		OTHER INSTITUTIO		AOST OF WORKING LIFE	YPE OF WORK	26 KIND OF BU	
	SA POET	1	Baltimore	3206	Loch Ray	ren Rd.		Dr	ABILIFO	4	011110011	
10	TY OF A 33	13a. S	AL RESIDENCE (IF IN NURSING H	OME OR OTHER INSTITUTION	N, GIVE RESIDENCE BE	FORE ADMISSION	134 INSIDE CITY I		ET ADDRESS			
21201	A A B S B	M	ARYLAND		PAR		YES (NO 32		RAVE	MRO 2.	1219
JA.	H. H.	14. F/	THER'S NAME	WIDDLE	LAS	11-11-11-11	15. MOTHER'S	MAIDEN NAME	MIDDLE		TZALI	
LM .	O SEATH.	VZ	LILLIE VI	ICE			ELS	A WR	16117		2.737	
/W	AFTER INE PACH FOR AGES 1	16a. V	VAS DECEASED EVER IN U.S	. ARMED FORCES?	16b SOCIA	L SECURITY N	D. 17 INFORMAL		ADDRES	-		
BALTIMO			No		1248	96543	19 MRSGh	ADYS VICE	3206 LOCK	PAUEN	1Ro 21	218
:	HOURS W 18. G VG WIT RAMIT. P. NE, DIV		IB CAUSE OF DEATH (Ent. PART I DEATH WAS CA	er anly ane cause per	line far (a), (b), o	ind (c).)					APPROXIMATE BETWEEN ONSET	INTERVAL
TS NC	24 HOI ITEM 1 LONG PERMI GIENE, VAL.			EDIATE CAUSE (a)	Amitr	iptylin	e Intoxic	ation				
PRESTON	WITHIN 24 PENCIL IN ITEA MINER ALON TRANSIT PER INTAL HYGIEI OR REMOVAI		7.4.4		OR AS A CONSE	QUENCE OF						
	NER AL		Canditians, if any, w gave rise to immed				1	h		-		
× .	UTED WITHIN IN PENCIL II EXAMINER RIAL - TRANS D MENTAL HOON, OR REM		cause (a) stating the <u>ur</u> lying cause last.	DUE TO,	OR AS A CONSE	QUENCE OF		4.				
. 201	ON A MAN			(c)							F 19	
RECORDS,	HOULD BE EXECUTED WITHIN 24 HOI RD "PENDING" IN PENCIL IN ITEM 11 HIFF MEDICAL EXAMINER ALONG USED AS A BURIAL - TRANSIT PERMIT OF HEATTH AND MENTAL HYGIENE, RIAL, CREMATION, OR REMOVAL.	z	PART 2 OTHER SIGNIFICANT CONDI	TIONS CONTRIBUTING TO DE	ATH BUT NOT RELATED	TO THE TERMINAL	DISEASE OR CONDITION GI	VEN IN PART 1 (a)				
RECO	PENDI PENDI PENDI FEALTI CRE	MEDICAL CERTIFICATION	19s. DATE OF OPERATION	Tigh CON	ADITION FOR WI	HICH OPERATION	ON WAS PERFORME	D?			20 AUTOPSY?	
IAI	RIAL NEE	5			-Diriotti Ok iti	, c. r or Exart	on was remonate					3323
DIVISION OF VITAL	WOON BE	E	210 EXTERNAL CAUSE WA	S 21b. TIME	OF INJURY		IL HOW IN JURY OF	CLIRRED LENTER N	ATURE OF INJURY IN ITEM I	9 PART 1 OR PART	YES X	NO 🗌
0	R TO THE	ALC	UNDERLYING OR CONTRIBUTING CAUSE	HOUR	A.M. MONTH D	AY YEAR				DIANT I OMITAKI	2)	
Si	CERTIFICATION THOUSED TO 1 SEPARTA 1 PRIOR 1	S	21d. INJURY OCCURRED	21e PLAC	P.M. 12/21 CE OF INJURY	AT HOME, 2	SUBJECT U	ised druc	IS.	-		
≥	VRITI VRDE GE 3 201	M	WHILE NOT WHILE	XX hom	EACTORY, EARM, ETC.		3206 Loch	Raven F	coad, Balto	.Co .cour	Md.	STATE
	E TH RW/ RW/ B PA S 21	3		ha a shakara a sana	1.1		Autopsy X. In					
	ANDROPE		220 I certify that I took o		10/1/1			ispection [],		ind in my apir	nian	
	PETER NITH		death resulted from	Natural causes	177	Suicide			rmined manner XX			
	WH.		ACTUAL SIGNATURE	11115	Mu	1001	My HILETSPEC			DATE	10/0	1/87
	SE S	1	SIGNATURE.	CAN-V	1		- WUESSISI	LallMEDI	CALEXAMINER	SIGNED	12/2	1/0/
	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD EXECUTE THE CERTIFICATE, WRITING THE WORD "PPAGE 4 SHOULD BE FORWARDED TO THE CHIEF. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL,		EXAMINER'S NAME (TYPE OR PRINT)	Dennis F.	Smyth, M	1.D.	ADDRESS	111 Peni	n St., Bal	to., M	1d. 2120)1
	5X45A8	23a B	JRIAL, CREMATION, REMOV	AL 23b. DATE			RY OR CREMATORY	234 10	CATION	COUNT	γ	ATÉ
07/84	BP 128		BURIAL	12-28-	87 BETI	KEHAM		FM H	LUIN S	Ch	Tandell	L .
25M	DHMH - 17		JNERAL DIRECTOR	ADDR	RESS		250.	DATE REC'D. BY	REGISTRAR 25% REC	SISTRAP'S SK	SNATURE	1
	(VR A15 ME (5))	10	SEPH L. Russ:	1273 W. N	orth H	VF		DEC 28	1301			

Line Production and the second s the second the second second second second

2	1	FOR	DEPART	MENT OF H	EALTH AND MENTAL HYG	IENE		
on Born	6	REGISTRAR		CERTIF	ICATE OF DEATH	8 7 REG. NO.3 5	3 2	2
3 3 3 1066 -		CEASED NAME FIRST	WIDDIE	ŧ	AST	20. DATE OF DEATH . MONTH	DAY YEAR	Zb HOUR
oy be	(146)	WILLIAM	LOUIS	VLA	ANGAS	December 1, 19	987	3:50 a _M
moy pod	3. SE	х	4 RACE	5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
s of	Ma	le l	White	Janu	iary 10,1893	94 , YRS	MONTHS DAYS	HOURS MIN.
Pool dire		IRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8	D NEVER MARRIED	9. BALTIMORE CITY OR COUNT	Y OF DEATH	
nera n 72 n 72 n on	Gr	COUNTRY	U.S.A.	WIDOWE		Baltimore City		MD.
the furth			11. NAME OF HOSPITAL, NURSING STREET 3202 E. Norther	IG HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKING LI Self employed		OF BUSINESS OR
file file	100	ltimore			ry. 21214	Self employed	Candy	Maker
24 hou oyld be must b	13a	state aryland	OTHER INSTITUTION GIVE RESIDENCE BEFORE TY 130 CITY OR TOW Baltimor	e admission)	13d. INSIDE CITY LIMITS? YES NO	3202 E. Northe	ern Pkwy	y. 2121
# W	14. F/	ATHER'S NAME	MIDDLE LAST	11-11	15. MOTHER'S MAIDEN NAM	ME	11 11 11	
		Louis	Vlangas	5	He1en	WIDDLE	Unkn	nown
ico ii	16a \	WAS DECEASED EVER IN U.S. ARA			17 INFORMANT	ADDRESS		
n an med	1	ves no or unknown) (if yes, give	218-32-4	4139	Alexander W	. Vlangas -8919	Parlo F	Rd. 21236
sicio spers		18 CAUSE OF DEATH Enter only	y one cause per line for (o), (b), on	d (c			BETWEEN	MATE INTERVAL
phy nn po emov			E CAUSE (o) Cerebral	vascu	lar accident		Appro	ox 5 days
ding or re or re			DUE TO, OR AS A CONSEQUE	ENCE OF				
deot ove c fron,		Conditions, if any, which	(1b)					
the remo		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUE	ENCE OF				
by by case of, cr		underlying couse last.	(c)					
gned n ple burn ry, o	_	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR CONDITION GI	VEN IN PART TO	0
The xr to rinju	CERTIFICATION	Arteriosclero	tic cardiovascul	lar di	isease with ar	rhythmia		
law s be s prid	S	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED		S, WERE FINDIN	
The ron	i i			3.0			ES 🗌	NO 🗆
AN: hysical from Hyge 18 s		218 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAL		AY YEAR	21c HOW INJURY OCCURR	CED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART ?}	
SICI, pp p	N S	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19				
ottending set this s the bu	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE F	ARM, ETC)	21f LOCATION STREET	CITY OR TOWN	COUNTY	STATE
A A A A A A A A A A A A A A A A A A A			to ottended the deceased from	Sept	19.77	Dec 1,	1987	that (I) (we) last
TTE Sprito CTO for of h	-	sow the deceosed olive on above, (1) (we) (did) (did not	Nov. 30. 19 8	37, or	nd that in (my) (o)() opinion a	death accurred on the date and had	ur and from the	couses stoted
OR A hos ched ched bept ltem		22b. SIGNATUR	0.	,	DEGREE		22c DATE	
AL Care of the Car		0.11.2	me m.	1.	PHYSICIAN L	MEDICAL STAFF DIRECTOR PHYSICIAN	12/0	02/87
HOSPITAL ined by LUNERAL uld be de h the State		77# PHYSICIAN'S NAME THE OF	PERCY		22e ADDRESS			
TO HOSPITAL retained by to TO FUNERAL should be de- with the State IMPORTANT:		Dr. S.J. Liu			1900 N. Park	way]	Balto.,	Md.
7 e + 1 × × ₹		BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d LOCATION	COUNTY	STATE
BP		irial			Orthodox Cem.		Balto.,	Mď.
DHMH - 16 60M 7/B4 (VRA 15, 4)		uneral director ick Towson Funer	al Home, Inc., To			e rec'd. By registrar 256 regis	TRAR'S SIGNAT	Rondall
1						- 1001		

STATE OF MARY! AND

Corebral vescular accident ave a xence with a continuation of the continuation of the

CATER SECTION OF THE I should see wearth to a new 2 201 pt 100 100 100 000 000

12-16-87

"Schimenek Funeral Home, Inc.

3331 Brehms Lane, Balto., Md.

Gardens of Faith dem.

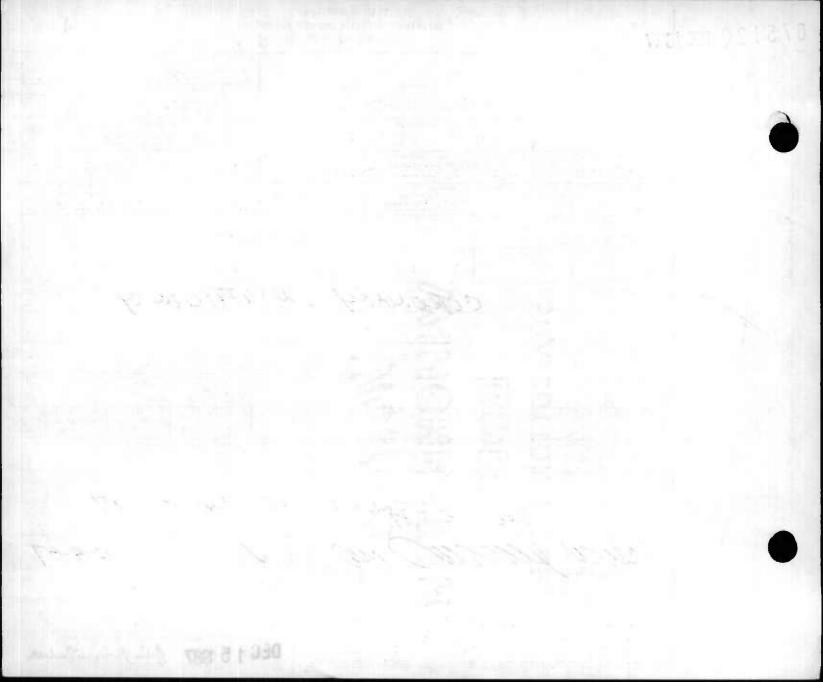
21213

250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

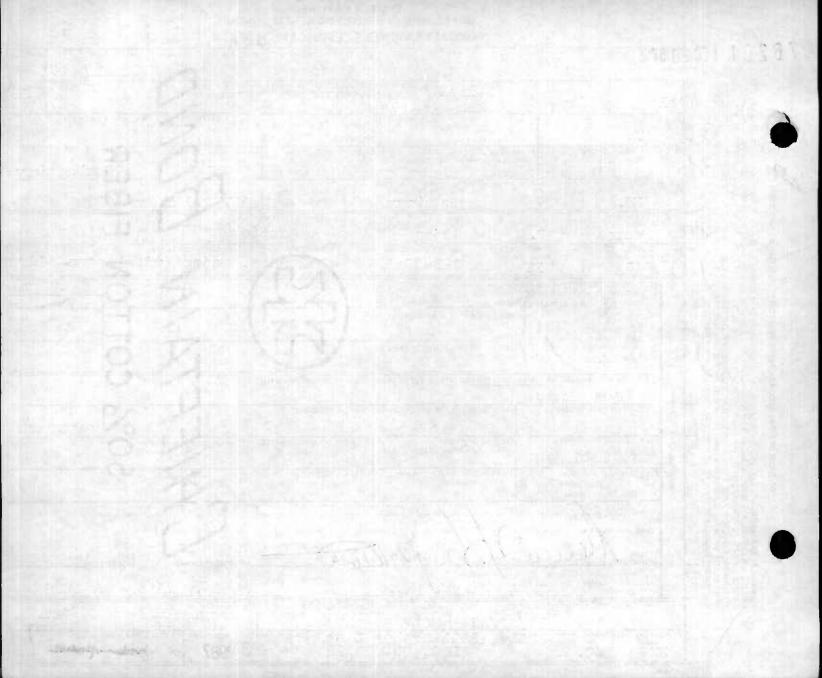
Bürlal

DHMH - 16 50M 1/BI (VRA 15, 4)

STATE

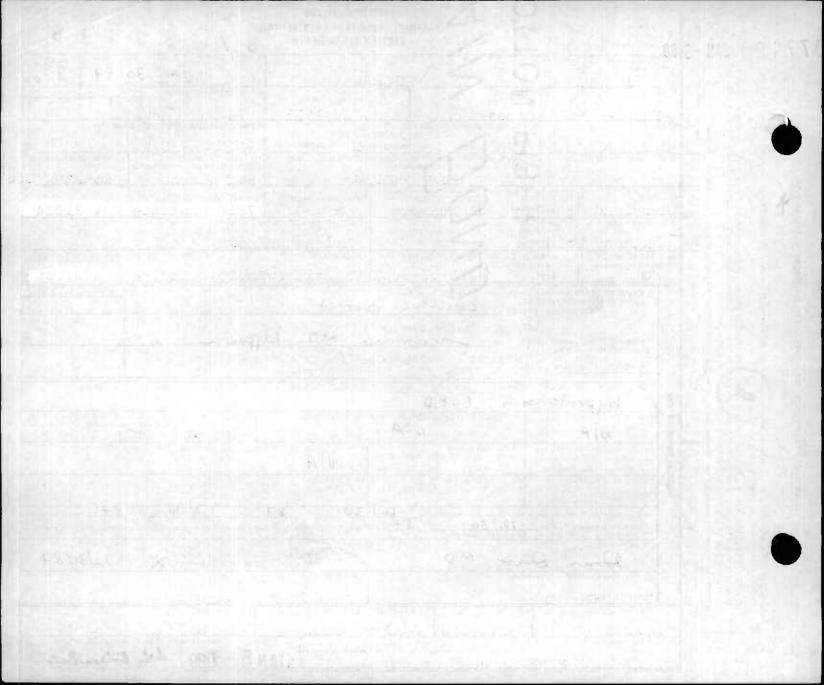


STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR DORE FASED NAME 20. DATE KNOWN X ELAY IS NECESSARY, PLEASE C TO THE FUNERAL DIRECTOR. 4 PAGE 5 FOR YOUR FILES. — BE FILED, WITHIN 72 HOURS 05, 201 WI PRESTON STREET, ESTI-12/20/19 Paul P. DEATH MATED Waier 87 3. SEX 4 RACE 5 1914 6. AGE (IN YEARS | IF UNDER 1 YR. | IF UNDER 24 HRS 2c. DATE LAST BIRTHDAY) PRONOUNCED Male White 73 YRS 20% 87 eptember P Th CITIZEN OF WHAT COUNTRY? To BIRTHPLACE ISTATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. WIDOWED DIVORCED Baltimore City, I CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY 2, AND 3 TO 1 3. RETAIN PA 2 SHOULD BE F Penitentiary Baltimore Francis Scott Key Medical Center ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) ND 2 SHOULD 4327 Sheldon Ave. 21206 In STATE 3c. CITY OR TOWN 36 COUNTY 13d. INSIDE CITY LIMITS? Md. Baltimore 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME SS AFTER DEATH.
GIVE PAGES 1, 2
VITH FORM PM 3
PAGES 1 AND 2. MIDDLE FIRST Gleba Lottie Peter Wajer 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS DIVISION (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) same addres 213-09-8974 Helene C. Wajer (wife) ves WWII THE ALONG WE NOT PERMIT. P. ENTALCHYGIENE 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Arteriosclerotic Cardiovascular Disease IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. WINER, THIS CERTIFICATE SHOULD BE EXCURATE, WRITING THE WORD "PENDING FORWARDED TO THE CHIEF MEDICAE, PAGE 3 SHOULD BE USED AS A BIT THE STATE DEPARTMENT OF HEALTH MID LAND, 21201 PRIQR TO BURIAL, CREWARD PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION Fatty Liver 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? HEAD ONLY 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21d. INJURY OCCURRED II. LOCATION STREET, FACTORY, FARM, ETC 1 WHILE AT WORK CITY OR TOWN COUNTY STATE TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE STYLMORE, MARYLAND, 2 JEAD ONLY Autopsy X Inspection death resulted Homicide Undetermined monner TABLE (SPECIFY) 4Assistant 12/21/87 EXAMINER'S NAME Dennis F. Smyth 111 Penn St., Balto., Md. 21201 M.D. (TYPE OR PRINT) ADDRESS 230 BURIAL, CREMATION, REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE 12/23/87 BURIAL HOLY ROSARY BALTIMORE MD. 07/84 25M "SCHIMUNEK FUNERAL 3331 Brehms Lane 25g. DATE REC'D. BY REGISTRAR **DHMH - 17** HOME, INC. BALTO. MD. 21213 (VR A15 ME (5))



(VRA 15, 4)

98 JAN-S	BB	FOR STATE REGISTRAR			CERTIF	OF MARYLAND EALTH AND MENTAL HYGICATE OF DEATH	3 7 REG. NO	3 5	3 2	. 6
poge 3		CEASED NAME FIRST OR PRINT) MADELINE	MID	DOLE	IALDRO)N		DAY 30	87	7 8 9 M
tor, por	3. SE	•	4 RACE		5. DATE C	F BIRTH	6. AGE (IN YEARS LAST BIRT	MOR	UNDER I YEAR	IF UNDER 74 HRS. HOURS MIN.
Poge I direct hours	76. BI	Female RTHPLACE (STATE OR FOREIGN COUNTRY)	7b. CITIZEN OF WI		Apr	. 29,1911	76 9 BALTIMORE CITY O	R COUNTY O	DEATH	
tunero thin 72	M	aryland TY OR TOWN OF DEATH	USA	SPITAL NURSIN	WIDOWE		BALTIMORE	CITY	12k KIND O	MD F BUSINESS OR
by the fulled with		LTIMORE_CITY	(IF NOT IN SUCH F	MORIAL H	DDRESS		(TYPE OF WORK FOR MOST OF Seamstre	WORKING LIFE)	INDUSTRY	hing Mf
24 hou filled in ould be must be	13a. S	AL RESIDENCE (IF NURSING HOME OF ATTATE 136 COURT ATTAIL	VTY 1:	ve residence before 34. CITY OR TOWN Baltimo	4	13d. INSIDE CITY LIMITS?	13e STRFET ADDRESS /		ve. 21	213
d within apletely odd 2 sh	14. FA	THER'S NAME Anthony Wald	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM FIRST Helena un	ME MIDOLE		FAS'	
ond con boges 1	16a V	VAS DECEASED EVER IN U.S. AR	MED FORCES?	SOCIAL SECUI		17 INFORMANT Valerie EW	ADDRE	1010	Easto 21224	lale Rd.
physicion popers. F novol.		18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSE	nly one couse per lir		I (c).t	arrest	ancio, ugii	CT_		MATE INTERVAL DISET AND DEATH
the offendir	NO	Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	DUE TO, OR A	AS A CONSEQUE AS A CONSEQUE UTRIBUTING TO D	NCE OF	NOT RELATED TO THE TERM	MPOXICE	DITION GIVEN	IN PART 110	,
on.	CERTIFICATION	190 DATE OF OPERATION			PERATION	N WAS PERFORMED	YES NOW	206 IF YES, V IN CERTIFYIN	G CAUSES	
CIAN: The physicide entificate ol-tronsit and Hyginem 18 she		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M.	MONTH DA	Y YEAR	1216 HOW INJURY OCCURR		,		
offending of the content of the cont	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF	INJURY 1 FACTORY, OFFICE, FA	IRM, ETC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
OR ATTENDIN the hospital or DiRECTOR: Af sched for use o Dept of Health if them 21 is mo		27a I certify that (1) (this hasp sow the deceased alive or above, (1) (we) (did) (did no 27b, SIGNATURE	12/30 ot) view the body of	ter deoth.		30 19 87 dd that in (my) (our) opinion o	death occurred on the do			
SPITAL d by th NERAL be dete e Stote		228 PHYSICIAN'S NAME (TYPE O	7~~	MD		ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL STAF DIRECTOR PHYSIC	IAN	12/3	36/87
TO FU should with th	23a E	DONNA DOW MD	123b. DATE	123r N	AME OF C	IINTON MEMOR	TAL HOSPITA	I.		
BP		Surial		1007 0	-1-7	O	Balto,	3/1-7	OUNTY	STATE
DHMH - 16 60M 7/84 (VRA 15, 4)		JNERAL DIRECTOR NAME COLLEGE DIRECTOR COLLEGE DIRECTOR	TEDAT IIC	3331	Bre	hms Lane	N 5 = TOO	ZSB REGISTRA	R'S SIGNAT	URE



75	ınn	DEC 1	1.68	FOR STATE REGISTRAR	Melva	W. Wald		MENT OF H	OF MARYLEALTH AND	MENTAL HY	SIENE 7	REG. N	5	3	2	7
	7.5			CEASED NAME OR PRINT)	FIRST	MI	DDLE	L	AST	10 to 11	20. DATE	OF DEATH	MONTH	DAY	YEAR	26 HOUR
	7 904			W	10/va	u) 1	Waic	NOT!			J.	2	H.	87	12:03,AM
	0 0 0		3. SE	×	4.	RACE	-	5. DATE C		YEAR	6. AGE (I	YEARS LAST BIR	(HDAY)	IF UNDE	R I YEAR DAYS	IF UNDER 24 HRS
	400			temale		Cauca	sran	8	39	1913	74		YRS.	Moranis	DAIS	MIN MIN
6	40	001		RTHPLACE (STATE O			HAT COUNTRY?	8	NEVED.	MARRIED -	9. BALTIM	ORE CITY O	R COUNT	Y OF DE	ATH	English &
	# 15°	渡り	1	West Virg	inia	U.S	.A.	WIDOWE		NORCED	18011	timar	C	TT		MD.
5	y the fur	4		TY OR TOWN OF DI		(IF NOT IN SUCH	DSPITAL, NURSII FACILITY, GIVE STREET	NG HOME C	R OTHER INS		12e. USUA	Sewife	ON	12b.	KIND OF	BUSINESS OR Maker
ND 212	(illest in total out)	包	130. 3	AL RESIDENCE (IF NU		HER INSTITUTION, G		RE ADMISSION)		CITY LIMITS?		ADDRESS /			212	25
MARYL	npletely and 2 sp	19		THER'S NAME Andre	W MIE	DIE	Manŝpi]	Le		S MAIDEN NA		MIDDLE		733		rugh
IMORE,	K	Washing D		VAS DECEASED EVE	R IN U.S. ARME		66 SOCIAL SECTION 215-48-0		17. INFORM	Wolds	con 5	ADDRE 10 1 Bal	ss lman	Ave	Bal	+ md 2122
AL	3	0		18. CAUSE OF DEA	TH (Enter anly	ane cause per li	ne far (a), (b), ai	nd (c).)						В	APPROXIA	NATE INTERVAL INSET AND DEATH
- \				PARTI. DEATH	IMMEDIATE	CAUSE (a)	ardicoul	mench	y Arr	est				2	inne	. L
Z O	1 70	1		100		DUE TO, OR	AS A CONSEQU	IENCE OF	5.							
EST	to at ano	9 1		Canditians, if an		(1b) V	lespurate	my Fa	ulure					- '	1 0	curs
W	or the	The state of		cause (a), stat	ing the		AS A CONSEOL		110,000	~~~				1	d	Calma G
201	# po	1 8		PART 2. OTHER SIG	CALIFICANITICO		-				AINIAI DICE	SE OD CON	OLITION C	IVEN IN I	DADT 1	0
502	new Then	of of	Z	PART 2. OTHER SIG	SINIFICAINT CO	NOT TONS <u>CO</u>	ALKIBOTING TO	DEATH BOT	NOT KELATE	D TO THE TERM	VIIVAL DISEA	ASE OR COM	JIIION G	IAEIA IIA I	PART IId	
DIVISION OF VITAL RECORDS, 201	he low in on. has been	prior	TIFICATION	190. DATE OF OPER	ATION	19b. CONDIT	ION FOR WHICH	OPERATIO	N WAS PERF	ORMED	200 AU	TOPSY?	IN CERT			GS USED OF DEATH? NO
OF VIT	physic physic of front	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	AL CERTI	210. ACCIDENT WAS U OR CONTRIBUTING	CAUSE OF DEATH	21b. TIME OF HOUR A.M	. MONTH D	AY YEAR	21c HOW II	VJURY OCCUR	RED (ENTER	NATURE OF INJUR	RY IN ITEM 18	PARTIOR	PART 2)	
Z	ding ding	20	MEDICAL	21d. INJURY OCCU		21e PLACE O		17	211. LOCATI	ION						
IVISI	10 日本	h and	ME	WHILE NOT	WHILE ORK	(AT HOME STREET	T, FACTORY, OFFICE,	FARM, ETC)	STREE	1		CITY OR TO	WN	co	UNTY	STATE
	Mal or Mal	Healt H H		22a.1 certify that i) attended the	deceased fram.	87 00	-	19 67		red on the do	ate and ha	19_6		hat (I) (we) last
-	A POP	2 1		abave, (I) (we)	(did) (did nat)	new the bady a	fter death.		DEGREE	, (,		011 1110 00	and no		c DATE S	
	the hard	# Des		Rohert	Dat					ATTENDING PHYSICIAN [MEDICA	L STAF	F DO		2/11	
	五年 五	27	1	22d. PHYSICIAN'S I		RINT)										5. Hamor
	FE FE	100		Robert	Dart	900						us di		",	9001	35 - (- 100

23c NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery

DHMH - 16 60M 7/84 (VRA 15, 4) 24 FUNERAL DIRECTOR George J. Gonce 4001 Ritchie® Hgwy Balto Md

12/12/87

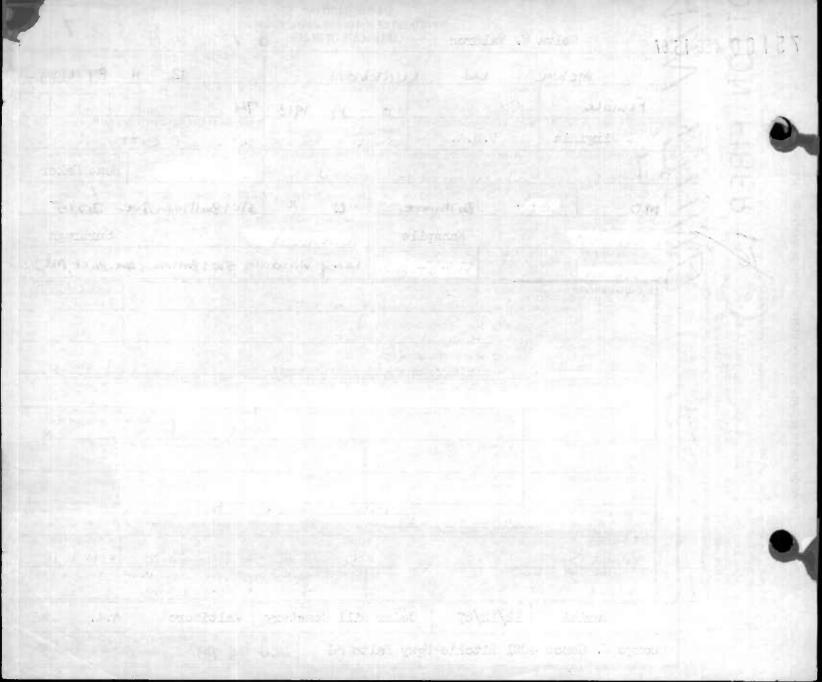
230 BURIAL, CREMATION, REMOVAL Burial

DEC 1 4 1987 Julia Danis Manda

COANTYA.

Md.

Baltimore



BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

6 | 88 DEC

FOR

- STATE

1. DECEASED NAME

TEOK

(STATE OR FOREIGN

PART I. DEATH WAS CAUSED BY:

Conditions, if ony, which gove rise to immediate couse (a), stating the

underlying couse lost

DATE OF OPERATION

21d INJURY OCCURRED

22b. SIGNATURE

71a. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

NOT WHILE

sow the deceased alive on_

(IF EITHER NOTIFY MEDICAL EXAMINER)

IMMEDIATE CAUSE

WN OF DEATH

4 RACE

(TYPE OR PRINT)

To BIRTHPLACE

14 FATHER'S NAME

(YES, NO OR JINKNOWN)

3. SEX

FICAT

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** REG. NO 20 DATE OF DEATH MONTH 2h HOUR 802 IF UNDER 1 YEAR IF UNDER 24 HRS 5. DATE OF BIRTH MONTH YEAR Lack YRS 76 CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED WIDOWED DIVORCED 11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) ORKEOR MOST OF WORKING LIFE INDUSTRY SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION H3d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP GODE NO [15. MOTHER'S MAIDEN NAME FIRST LAST 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (IF YES, GIVE WAR OF DATES) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse por line for to), (b), and to DUE TO OH AS A CONSEQUE CONSEQUENC PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING OF DEATH BUT NO RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NOT 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR 21s PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE STREET AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 220.1 certify that (1) (this hospital) attended the deceased from 12 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 25 PATE REC'D BY REGISTRAN SHAPE

ALLEN OF HE INC. I SEEL COMMENTED

23c. NAME OF CEMETERY OR CREMATORY

Cedar Hill Cemetery

Brooklyn, AAC, Maryland

230 BURIAL CREMATION, REMOVAL

Burial

24 FUNERAL DIRECTOR

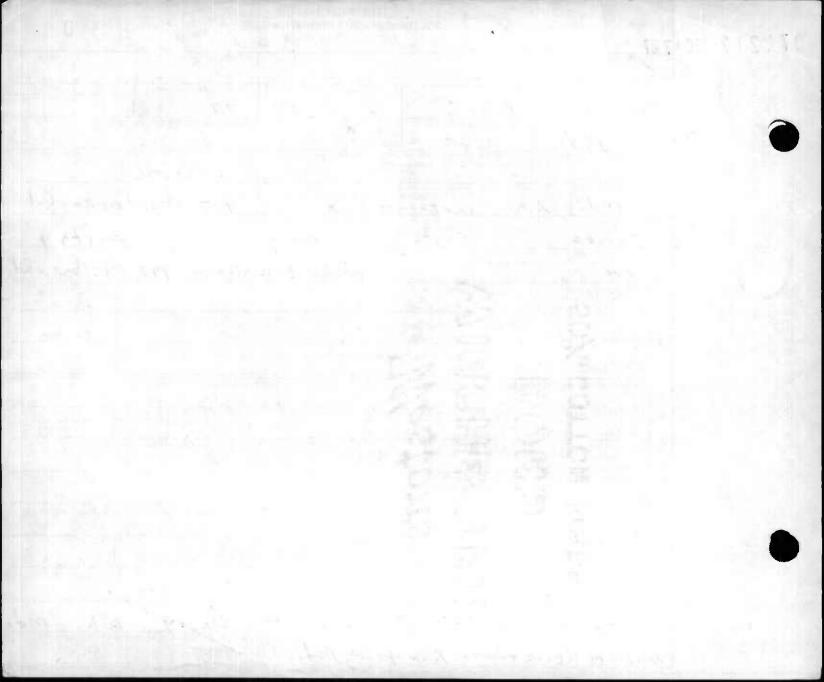
BP

DHMH - 16 50M 1/81 (VRA 15, 4) 23b. DATE

1/2/89

Estep Brother Funeral Home 1300 Eutaw Pl.

BIS IN HAL



		FO	R					AARYLAND I AND MENTAL I	YGIENE				
074	858 DEC	17 ST	STRAR					CERTIFICATE	1000	3 REG. 50.	3	3 1	
			SED NAME	FIRST		MIDDLE		LAST	2a. D.	ATE KNOWN T		DAY YEAR 26 HC	טט
	NECESSARY, PLEASE LINERAL DIRECTOR. S FOR YOUR FILES. WARRING THE S. WARRING THE THE S. WARRING THE T.	Time Or		Louis	Jo	ohn	Ţ	Walter, Jr	DE	ATH MATED	12	6 19 87	
	PLE SECTION OF THE SE	3. SEX	4 R	ACE	5. DATE OF BIRTH	YEAR 6. AGE (IN	YEARS IF UT	DER 1 YR IF UNDER	24 HRS 2c.	DATE	MONTH	DAY YEAR 2d H	
	ARY, OUR	Male		nite	11 - 16	- 21 66	YRS.	NS DATS HOOKS		DEAD	12	6 1987 P	· U
	ERA	FOREK	PLACE (STATE O)R	76 CITIZEN OF WH		B. MARR	IED NEVER MARR	IED (X) 9. BA	LTIMORE CITY OR	COUNTY	OF DEATH	
	A SE SE		/land	EATU	United S	States PITAL, NURSING HO	WIDOV			Baltimore CCUPATION (TYPE C	e Cit	_	M
Λ	の記念書を	r .	altimor		(IF NOT IN SUCH FAC	ILITY GIVE STREET ADDRESS	5)		FOR MOST O	F WORKING LIFE		OR INDUSTRY	5
1/1	BENEFIE	JSUAL R	ESIDENCE HEIN	NURSING HOME OF	OTHER INSTITUTION, GIV	ty Hospita		(10)	Meta.	Lsmith		J.S. Govt.	
21201	A CHARLES	Mary	land	Anne A	rundel	Arnold		13d INSIDE CITY LIMITS? YES NO X	13e STREET A	evern Way	/ 21	1012	
WD.	TO CONTRACT	FATH	ER'S NAME		MIDDLE	LAST		15 MOTHER'S MAID		WIDDLE		LAST	
E.	T A P E E E	-	ouis		ohn	Walter,		Martha		E.		Wultze	
W	HARRY /	(YES, h	DECEASED EV	I (IF YES GIVE W	AR OR DATES)	166 SOCIAL SECUR		17 INFORMANT	1,425	ADDRESS			
BALTIMORE,	A DES	, and a	es	Wh'	II	215-14-7	936	Martha I	Walter	(Same as	# 13	3)	
1.	18 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	18	CAUSE OF DE PART I DEATH	MALAN CALLER	Mar.	far (a), (b), and (c).)						APPROXIMATE INTERVI BETWEEN ONSET AND DE	
ON	24 LOI VA SEE	21	7147	IMMEDIATE	CAUSE (o) MU.	tiple inj							
PRESTON ST	ZZAFFS		Conditions, i	any, which	DUE TO, OK	as a consequenc	E OF						
¥.	WITE AND TRAINE NTAINE		gave rise t	ng the under-	DUE TO OR	AS A CONSEQUENC	F OF						-
201	JTED WITHI IN PENCIL EXAMINER 11AL - TRANS MENTAL H ON, OR REA		lying cause lo	st.	(a)								
	0: 1475	PA	RT 2 OTHER SIGNIFIC	ANT CONDITIONS C	ONTRIBUTING TO DEATH I	UT NOT RELATED TO THE TE	RMINAL DISEAS	E OR CONDITION GIVEN IN PA	RT I to			1	=
RECORDS	D BE EXE ENDING MEDICA AS A BU CREMA	NO _											
	AL, OHE	CAT 19	a. DATE OF OPE	RATION	196 CONDIT	ION FOR WHICH OP	ERATION W	'AS PERFORMED?	-		3-11	20 AUTOPSY?	
OF VITAL	WORD "I WORD "I E CHIEF BE USED BURIAL	CERTIFICATION	5,4750,141.6	lief like								YES X NO	
	HE WENT	2 ZI	DERLYING	OR		MONTH DAY YE	AR	OW INJURY OCCURRE			RT 1 OR PART	2)	
DIVISION	SHOULD THE		ONTRIBUTING		210 PLACE C	12 5 19 FINJURY (ATHOME		edestrian s	struck k	y auto			
No.	VRITIN VRITIN VRITIN VREDE GE 3 CGE 3 CGE 3	N A	HILE NO		CERCOL C. C.	DRY, FARM, ETC.		STREET	Спу	OR TOWN	COUN	STA	TE
	NER: THIS CERT CATE, WRITING FORWARDED TOR: PAGE 3 SI THE STATE DEPA AND, 21201 PRI	A				street		evern Way 8	x Grand	Tewra, A	LUOIC	1, A.A.CO,	IAI
1	A TANA SA					ribed abave, held on		sy X. Inspectio			in my opir	nian	
	EXAMINE CERTIFICA UID BE FO DIRECTOI WITH THI WARMAN	9	eoth resulted fr	Noturo	I couses	Accident X	vicide	, damicide	Undetermine	d monner,			
	FEAL DIRECTOR SHOULD IN SH	AC 50	TUAL	Mar	D 1	Delle	AL	Assistant	MEDICAL E	V.1.11.150	DATE	12/7/87	
	NER THE THE THE SHAPE	2	7	V			1						
	M SHEEP	EX (T)	AMINER'S NAA	ME M	ario F! (colle, Jr,	M.D.	ADDRESS111	Penn St	•	Balt	o.MD.	
	53 4 5 F A	23a.BURI (SPEC	AL, CREMATION EV) BULL	REMOVAL 23	2-9-87	MD Vete	rans	R CREMATORY Cemetery	23d LOCATION	rsville,	A CAPUNT	MD STATE	
07/84 25M	BP		RAL DIESCHOR				- 4110			-			
	DHMH - 17	NA FUNE	SEVERN	EKI S.	BARRANC			O CODIE	1987	3,8111,000	RAR'S SIC	· KANALALIA	
	(VR A15 ME (5))		OF A FLUI	A PAR	, MD. 2	1146		her.	1013/	SAUTO DE	begress.	Randado	

10 TRO O C 230

the ottending physician and completely filled in by the functor director, page 3 remove carbangopers. Pages 1 and 2 sifaild be filed with 122 hours after death

within 24 hours ofter death. Page 4 may be

that the deoth certificate be executed

074629 DEC 10 87 STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

3	5	3	3	3
REG. NO.				

JAMES O. WALTERS 12/07/87 0535 3.SEX 4. RACE White White White Worth ARRIED S. DATE OF BIRTH MOWTH OUT 27 20 6. GIT YEAS LAST BRITHDAY; WORTH OUT 27 20 7. BIRTHPLACE (STATE OFFOREIGN COUNTY) 10. CITIZEN OF WHAT COUNTRY? 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12. LIVOR TOWN OF DEATH BALTTMORE CITY 13. LIVOR TOWN OF DEATH BALTTMORE CITY 14. LIVOR TOWN OF DEATH BALTTMORE CITY 15. STATE INSURANCE (STATE OFFOREIGN COUNTY OF BEATH BALTTMORE CITY 15. STATE INSURANCE (STATE OFFOREIGN COUNTY OF BEATH BALTTMORE CITY 15. STATE INSURANCE (STATE OFFOREIGN COUNTY OF BEATH BALTTMORE CITY 15. STATE INSURANCE (STATE OFFOREIGN COUNTY OF BEATH BALTTMORE CITY 15. STATE INSURANCE (STATE OFFOREIGN COUNTY OF BEATH BALTTMORE CITY 15. STATE INSURANCE (STATE OFFOREIGN COUNTY OF BEATH BALTTMORE CITY 15. STATE INSURANCE (STATE OFFOREIGN COUNTY OF BEATH BALTTMORE CITY 15. STATE INSURANCE (STATE OFFOREIGN COUNTY OF BEATH BALTTMORE CITY 15. STATE INSURANCE (STATE OFFOREIGN COUNTY OF BEATH BALTTMORE CITY OF COUNTY OF BEATH B		REGISTRAR					TOTAL OF PEATIT	0	REG. I			
1. SEX MAILE SOATE OF BRITH SOATE O		PE OR PRINTS	FIRST				LAST	20 D	ATE OF DEATH		DAY YEAR	
Male White Oct. 27 20 6 67 VRS SCHOOL BRITEPIACE (SIANT DEPORTED AND COUNTRY) ABITHMAN COUNTRY) WARRED SIANT DEPORT OF THE COUNTRY OF BEATH BATTMORE CITY II. NAME OF HOSPITAL NURSHING HOME OR OTHER INSTITUTION STORY AND COUNTRY OF BEATH BATTMORE CITY III. NAME OF HOSPITAL NURSHING HOME OR OTHER INSTITUTION STORY AND COUNTRY OF BEATH BATTMORE CITY III. SUSUA OCCUPATION ITM OF WORK OF BEATH BATTMORE CITY III. SUSUA OCCUPATION ITM OF WORK OF WORK OF BEATH BATTMORE CITY WAS DECEASED FOR NURS MARY LAND III. SUSUA OCCUPATION ITM OF WORK OF WORK OF BEATH III. SUSUA OCCUPATION ITM OF WORK OF WORK OF BEATH III. SUSUA OCCUPATION ITM OF WORK OF WORK OF BEATH III. SUSUA OCCUPATION ITM OF WORK		3/	AMES	0.	WA	ALTER	S			12/07	1/87	9535
Male Male White Oct. 27 20 67 Vrs	3. SE	EX	4.	RACE				6. AC	GE (IN YEARS LAST !	BIRTHDAY)		
The property of the property		Male		Whit	.0				67	VRS	MONTHS DATS	S HOURS M
Security USA WOOWED DONGED BALTIMORE CITY III. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION III. SUSUAL OCCUPATION III. KIND OF BUSINESS III. SUSUAL OCCUPATION III. SUSUAL OCCUPATIO		BIRTHPLACE (STATE OR	PREOREIGN 76		WHAT COUNTRY?	8		10 BA			Y OF DEATH	
IB. CITY OR TOWN OF DEATH ST. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION ITSU USUAL DECOUPATION ITSU WORKER, INCUST WE READ EXPANSION ITSU WORKER, ITSU ITSU WORKER, IT		COUNTRY		TICA						_		
BALTIMORE CITY Sthot Nacemark Constitution State Charles And School Charles And Schoo	10. C											OF BUSINESS
OSUAL RESIDENCE (IR NURSUED MORE OF CHEER INSTITUTION ONE RESIDENCEMENT ADDRESS) 18 STREET 18 SOUNTY 18 CENT OR TOWN 134 INSIDE CITY LIMITS? 18 STREET ADDRESS 1835 Superior Avenue, 21227 1835 Superior Avenue, 2125 1835 Superior Aven								(TYPE	PE OF WORK FOR MOST	T OF WORKING LIF	(FE) INDUSTRY	Υ
The County The	2	2							arpence.	r	Real	Estate
PART LEAST MADE LAST Walters LAST COra B. Early	13e. S	STATE	134 COUNTY	Υ (1)	13c. CITY OR TOWN							21205
JETTY MODIE JETTY M. WAITERS COTA B. Early JETTY M. Walters COTA B. Early ADDRESS LAST ADDRESS LAST ADDRESS LAST ADDRESS LAST ADDRESS LAST ADDRESS LAST ADDRESS Carolyn G. Walters, 1835 Superior Avenue WILL CAUSE OF DEATH LETTER ON OR ON A STATE AND ALLS AND ALL	_		Balty	more	Relay				_835 Supe	erior	Avenue	, 21227
Jerry M. Walters Cora B. Early 18a WAS DECEASED EVER IN U.S. ARMED FORCES? (18. SOCIAL SECURITY NO 17. INFORMANT ADDRESS (18. SOCIAL SECURITY NO 17. INFORMANT ADDRESS (18. SOCIAL SECURITY NO 18. INFORMANT	1		MIF	ODLE		1		NAME			L/	AST
The cause of Death Einer only one couse per line for (a), (b), and (c) The cause of Death Einer only one couse per line for (a), (b), and (c) The cause of Death Was Caused BY. The cause (b), and the couse (c), stelling the underlying couse lost. The couse (c) The couse (c), stelling the underlying couse lost. The couse (c), stelling the underlying couse lost. The couse (c), stelling the underlying couse lost. The couse (c), stelling the underlying couse (continuous) The couse (c), stelling the underlying couse (continuous) The couse (c), stelling the underlying couse (c), stelling the underlying couse (c), stelling the underlying the underlying the couse (c), stelling the underlying the	1							411	В.			
PART 1. DEATH WAS CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).					166. SOCIAL SECURI	ITY NO.	17. INFORMANT		ADDI	RESS	77	172
18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).	1				225-14-97	65	Carolyn G.	Walt	ers, 18	35 Sup	erior 1	Avenue
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE O .		TIE CAUSE OF DEA	ATH (Enter only o	one cause per lin				1977	0	1		NAME OF TAXABLE PARTY.
DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause iol, stoling the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTS MIDICAL EXAMINER) 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTS MIDICAL EXAMINER) 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTS MIDICAL EXAMINER) 21b. AND WHISE 21c. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTS MIDICAL EXAMINER) 21c. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTS MIDICAL EXAMINER) 21c. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTS MIDICAL EXAMINER) 21c. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTS MIDICAL EXAMINER) 21c. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSES OF DEATH (IF EITHER, NOTS MIDICAL EXAMINER) 21c. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSES OF DEATH (IF EITHER, NOTS MIDICAL EXAMINER) 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY INTER ITE PART 1 OR PART 2) VES ON ON OR VES ON ON OR VES ON ON OR VES ON		PART I. DEATH Y	WAS CAUSED B	BY:			(A a die	Som	1200		141	KX
Conditions, if ony, which gove rise to immediate course (o), stoling the underlying course lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11:0 196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 286. AUTOPSY? 286. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO CONTRIBUTING CAUSES OF DEATH? YES NO CONTRIBUTION COUNTY OR CONTRIBUTIONS MUDGETING TO AUTOPSY? 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN TIEM 18. PART 1 OR PART 2) 216. ACCIDENT WAS UNDERLYING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR 19. HOUR MAIL OF THE MAIL OF PART 29. HOUR MAIL OF THE MAIL OF T			IMMEDIATE	The second second			2 / 84)	0 10 1.1	16	24)
OVER 1900 FIGURE 10 STATE OF OPERATION 190. CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 2100. AUTOPSY? 2100. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO PORT OF PART 2) 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 2100. AUTOPSY? 2100. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO PORT OF PART 2) 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 2100. AUTOPSY? 2100. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO PORT OF PART 2) 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 2100. AUTOPSY? 2100. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO PART 2) 191. ACCIDENT WAS UNDERLYING CAUSE OF DEATH? YES NO PART 2) 192. ACCIDENT WAS UNDERLYING CAUSE OF DEATH? YES NO PART 2) 192. AUTOPSY? 2100. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO PART 2) 192. AUTOPSY? 2100. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO PART 2) 194. CONTRIBUTING CAUSE OF DEATH? YES NO PART 2) 195. AUTOPSY? 2100. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO PART 2) 195. AUTOPSY? 2100. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO PART 2) 196. CONTRIBUTING CAUSE OF DEATH? YES NO PART 2) 196. CONTRIBUTING CAUSE OF DEATH? YES NO PART 2) 197. AUTOPSY? 2100. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO PART 2) 196. LATERDING 100. IF YES, WERE FINDINGS USED 1100. IN CERTIFY IN CAUSE OF DEATH? YES NO PART 2) 197. AUTOPSY? 2100. IF YES, WERE FINDINGS USED 1100. IN CERTIFY IN CAUSE OF DEATH? YES NO PART 2) 198. AUTOPSY? 2100. IF YES, WERE FINDINGS USED 1100. IN CERTIFY IN CAUSE OF DEATH? YES NO PART 2) 199. AUTOPSY? 2100. IF YES, WERE FINDINGS USED 1100. IN CERTIFY IN				DUE TO, OR	AS A CONSEQUEN	ICE OF	Mach	2007	cesa	popul	14	N
DUE TO, OR AS A CONSEQUENCE OF (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSES OF DEATH? 4. WORL OR CONTRIBUTING CAUSE OF DEATH 210. ACCIDENT WAS UNDERLYING OR COUNTY NOT THEM IS PART 1 OR PART 2) 4. WORL OR CONTRIBUTING OR COUNTY STATE 210. ACCIDENT WAS UNDERLYING OR COUNTY NOT THEM IS PART 1 OR PART 2) 4. WORL OR CONTRIBUTING OR COUNTY STATE 210. ACCIDENT WAS UNDERLYING OR COUNTY STATE 4. WORL ON OWNER OR COUNTY STATE 210. ACCIDENT WAS UNDERLYING OR COUNTY STATE 4. WORL OR COUNTY STATE 210. ACCIDENT WAS UNDERLYING OR COUNTY STATE 4. WORL OR COUNTY STATE 210. ACCIDENT WAS UNDERLYING OR COUNTY STATE 4. WORL OR COUNTY STATE 210. ACCIDENT WAS UNDERLYING OR COUNTY STATE 4. WORL OR COUNTY STATE 210. ACCIDENT WAS UNDERLYING OR COUNTY STATE 4. WORL OR COUNTY STATE 210. ACCIDENT WAS UNDERLYING OR COUNTY STATE 210.		gave rise to im	mmediote	(p)			04	1				75
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 19a. Date of Operation 19b. Condition for which operation was performed 20a autopsy? 120b. If yes, were findings used in Certifying Causes of Death Yes No No Certifying Causes of Death Yes No No Certifying Causes of Death Yes No No Certifying Causes of Death Yes No Certifying Causes of De		cause (o), stati	ting the "	DUE TO, OR	AS A CONSEQUEN	ICE OF						
19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO		underlying coos	e IOSI.	(c)								
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINER) 22e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) 22e. I certify that (I) (this haspital) attended the deceosed fram 19 to 19	7		SNIFICANT CO	NDITIONS COM	NTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TE	ERMINAL	DISEASE OR CO	NDITION GIV	VEN IN PART I	Ia
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINER 27e. I certify that (I) (this haspital) attended the deceosed fram STREET 27e. I certify that (I) (this haspital) attended the deceosed fram STREET 27e. I certify that (I) (this haspital) attended the deceosed fram STREET 27e. I certify that (I) (this haspital) attended the deceosed fram STREET STREET CITY OR IOWN COUNTY STATI (II) (We) STREET CITY OR IOWN COUNTY STATI (IV) (We) STATI TO DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR RHYSICIAN DIRECTOR RHYSICIAN 27e. ADDRESS Dr. Raymond Bahr St. Agnes Hospital 23e. BURIAL, CREMATION, REMOVAL 23h. DATE 23c. NAME OF CEMETERY OR CREMATORY STATI COUNTY STATI COUNTY STATI COUNTY STATI COUNTY MARYY. COUNTY STATI MARYY. STATI MARYY. STATI MARYY. STATI MARYY. COUNTY MARYY. COUNTY MARYY. MARYY.	ō.							1				
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINER) 22e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) 22e. I certify that (I) (this haspital) attended the deceosed fram 19 to 19	CA	190. DATE OF OPER	ATION	196. CONDIT	ION FOR WHICH O	PERATION	N WAS PERFORMED	20/	a AUTOPSY?			
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINER) 22e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) 22e. I certify that (I) (this haspital) attended the deceosed fram 19 to 19	F		HOD.					YF	ES NO			
(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. NOTIFY MEDICAL EXAMINER) 21d. NOTIFY MEDICAL EXAMINER 21d. NOTIFY MEDICAL EXAMINER 21d. NOTIFY MEDICAL EXAMINER 21d. NOTIFY MEDICAL EXAMINER 22d. Learlify that (1) (this haspital) attended the deceosed from	8	210. ACCIDENT WAS UN				VEAD	21c. HOW INJURY OCC	JURRED (ENTER NATURE OF IN	JURY IN ITEM 18 F	PART 1 OR PART 2)	
27e. I certify that (I) (this haspital) attended the deceosed fram	14	OR CONTRIBUTING										
27e. I certify that (I) (this haspital) attended the deceosed fram	Dig	214 INJURY OCCU		21e. PLACE OF	OF INJURY							
278. I certify that (I) (this haspital) attended the deceosed fram	W		WHILE	(AT HOME STREET	ET, FACTORY, OFFICE, FAR	M, ETC)	STREET		CITY OR I	OWN	COUNTY	STATE
saw the deceased olive or and from the causes stated above (filter) (all not) view the body after death. 226 SIGNATURE				· · · · · · · · · · · · · · · · · · ·	4.		12/6			47		
DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME OF CEMETERY OR CREMATORY COUNTY Burial 12/10/87 St. Paul Evangelical Baltimore DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 23c ADDRESS St. Agnes Hospital COUNTY Mary. COUNTY Mary. COUNTY Mary.				aftended the	deceosed from	0/		' dooth	0			
ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIA		above (f) (we)	(did) (did not)	view the body of	alter deoth.			on deam	accurred on the	date and nov		
PHYSICIAN DIRECTOR RHYSICIAN 27d. PHYSICIAN DIRECTOR RHYSICIAN 27d. PHYSICIAN DIRECTOR RHYSICIAN 27d. ADDRESS Dr. Raymond Bahr St. Agnes Hospital 23d. BURIAL, CREMATION, REMOVAL DATE 23d. NAME OF CEMETERY OR CREMATORY CITY OR TOWN CITY OR TOWN CITY OR TOWN COUNTY Mary. Mary.		226. SIGNATURE	-60		3	1.		AAT	67		myday	SIGNED
274 PHYSICIAN'S NAME OF CREW PROPERTY OR CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY 236 LOCATION CITY OR TOWN Burial 12/10/87 St. Paul Evangelical Baltimore Mary.			1	Aus m.	20	P H		N DIR	ECTOR DEHYS	AFF	1/	10)
236. BURIAL, CREMATION, REMOVAL 236-DATE 236 NAME OF CEMETERY OR CREMATORY 236 LOCATION CITY OR TOWN Burial 12/10/87 St. Paul Evangelical Baltimore Mary.		224. PHYSICIAN'S N	NAME TYPE OF PE	RIP	13		22e ADDRESS					
236. BURIAL, CREMATION, REMOVAL 236-DATE 236 NAME OF CEMETERY OR CREMATORY 236 LOCATION CITY OR TOWN Burial 12/10/87 St. Paul Evangelical Baltimore Mary.		Dr.	Paymon	A Bahr	5/200	1	St. Agnes	Hosr	oital			
Burial 12/10/87 St. Paul Evangelical Baltimore COUNTY Mary.	73g.				123c N/	AME OF C						
		{SPECIFY}							CITY OF TOWN	200	COUNTY	Mars
	24.5											
	Hu	ubbard Fung	eral Ho	me, Inc	c., 4107 W	Vilke	ns Ave.	DEC .	-9 1987	1 Julie	Duridur	Corner

DHMH - 16 50M 1/81 (VRA 15, 4)

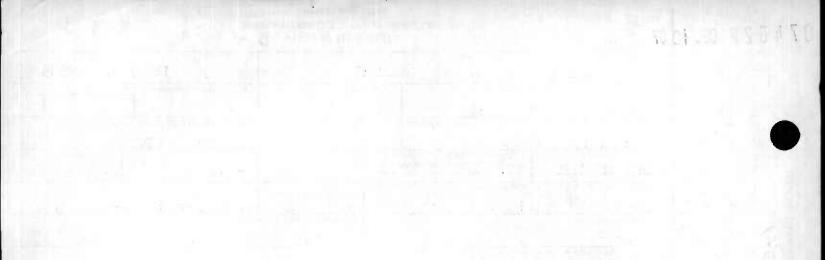
should be detached for use as the busids-hanss permit. Then please remove corbangods with the State Dept. of Health and Mental Hygiene prior to busids, cremotian, or remagal.

TO FUNERAL DIRECTOR, After this certificate has been

TO HOSPITAL OF ATTENDING PHYSICIAN, The low

retained by the hospital

BP



	1.	FOR - STATE	DEPARTA	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG	IĘNE	7 5	3 3 4
Jø		REGISTRAR CEASED NAME FIRST/	WIDDIE	CERTIF	ICATE OF DEATH	REG. N	O. DAY	YEAR 25 HOUR
DEC		BPRINTI ROBER	et L.	4/91	HERS.	20. DATE OF DEATH	12 12	2 87 650 PM
	3 SE	×M	RACE White	5. DATE C	OF BIRTH	A. AGE INTERPLETED	YRS IF U	NDER I YEAR IF UNDER 74 HRS
		IRTHPLACED ISTATE OR FOREIGN 7 COUNTRY) Maryland	USA	8 MARRIEI WIDOWE	DE DIVORCED	Balto City	R COUNTY OF	DEATH
0	10 CI	BGHO City	1. NAME OF HOSPITAL, NURSIN SECON HILL MA		WISING HOME	12d USUAL OCCUPAT, (TYPE OF WORK FOR MOST O		126 KIND OF BUSINESS OR INDUSTRY
r most be		AL RESIDENCE (IF NURSING HOME OR OF STATE)	Y 13c CITY OR TOW		13d INSIDE CITY LIMITS?	130 STREET ADDRESS	ZIP CODE	2/223
			IDDLE LAST		15. MOTHER'S MAIDEN NAM	Unknown		LAST
predica		NAS DECEASED EVER IN U.S. ARN yes. no or unknown) {	NED FORCES? 166 SOCIAL SECU WAR OR DATES) 219/2/	735	JE LON A	4/64 5010	SS Ils	when At
event, in		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	. 4/1	idio	respusting	avest		BETWEEN ONSET AND DEATH
r other troumotic		Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE	ncer	ag vt. lung			syrs
nlury. o	NO	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	inal disease or con	DITION GIVEN	IN PART 1 q
Swo ony	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION	N WAS PERFORMED	YES NO		ERE FINDINGS USED G CAUSES OF DEATH? NO
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH DA	AY YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I	OR PART 2)
orked or I	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	218. PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, F	ARM, ETC)	211 LOCATION STREET	CITY OR TO	wN	COUNTY STATE
21 is mo		22a I certify that (I) (this haspite sow the deceased alive on _ above, (I) (we) (did) (did not)	12-12 19	87. on	d that in (my) (our) opinion d	eoth occurred on the de	19_ ate and hour on	that (1) (we) last d from the couses stated
T # #em		226. SIGNATURE	unzalar	(DEGREE ATTENDING PHYSICIAN	MEDICAL STAI		12-15-17
PORTAN		22d. PHYSICIAN'S NAME (TYPTOR	nzalan		5214 Han	And id. K	salb. 1	nd.
2	23o B	BURIAL, CREMATION, REMOVAL	23b. DATE 23c N	NAME OF CI	EMETERY OR CREMATORY	23d LOCATION		

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

12/16/87 24 FUNERAL DIRECTOR

Eastview Cem.

ATORY 23d LOCATION
CITY OR TOWN
COUNTY

Bolto City

N
25a DATE REC'D, BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

STATE

21227 Gary L. Kaufman, 5695 Main St., Elkridge, Md.

of in. am land of Is. n J 1.MO1 = 110 .oris: inversity. undinown 1/16,07 Lastview Jen. المانية المانية Barto. City ..d. 12212

.Dr. estimal, ... dis. (c) ... Akridge, .u.

STATE OF MARYLAND



S	T	A	TE	0	F	M	A	R١	ſ٤	Al	NI)	
_	-	_			_		-		_				u

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

,	1 -	FOR STATE REGISTRAR	DEPARTM		ICATE OF DEATH	ENE 7 REG. N	5 3	3 6	
3		CASED NAME FIRST	oths	Wa	shington	2a. DATE OF DEATH	2/11/8	7 8	OUR M
	3. SE)	TEMALE	Black	5. DATE O		6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER	DATS HOUS	DER 24 MRS
5	7a. Bil	RTHPLACE (STATE ORFOREIGN	76 CITIZEN OF WHAT COUNTRY?	8. MARRIE WIDOWE	D LI NEVER MARRIED 154	9 BALTIMORE CITY O	R COUNTY OF DE	ATH X	MD.
)	10 CI	Dalto.	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FAGILITY, GIVE STREET A DEALTON HUSPYM)		or other institution	120 USUAL OCCUPATI (TYPE OF WORK FOR MOST O		KIND OF BUS USTRY	INESS OR
2	USUA 13a 5	AL RESIDENCE (IF HURSING HOME OF	ROTHER INSTITUTION, GIVE RESIDENCE REFORE NTY 136. CLYY OR TOWN		13d. INSIDE CITY LIMITS? YES NO [13e.STREET ADDRESS	ZIP CODE	AVE	5
2	14.FA	LEROY	Smith	4	15. MOTHER'S MAIDEN NAM CARRIE	WIDDIE	Se	NE 11	
		VAS DECEASED BYER IN U.S. AR (IF YES, GN	VE WAR OR DATES!	125	LEUNG PERSM -	1834 No Fay		2/2	23
	Z	Canditions, if any, which gave rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO D	NCE OF	MSTREY ATIC			AR1 110	
1	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE IN CERTIFYING C YES	AUSES OF DI	
100	MEDICAL CER	710. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DE- LIFETHER, NOTHEY MEDICAL EXAMINET 21d. INJURY OCCURRED	HOUR A.M. MONTH DA	YEAR	21c. HOW INJURY OCCURRE				
	ME	NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FA	ARM, ETC J	STREET 10 57	CITY OR TO	WN (OI		STATE I) (we) lost
		saw the deceased alive an	1 20 11.	1	nd that in (my) (our) opinion di DEGREE ATTENDING PHYSICIAN		FF 222		stated
		22d PHYSICIAN'S NAME (TYPE O	OFFRINTS HUPINDER KAUM SINC	K	22e. ADDRESS				
	23e B	Burial, CREMATION, REMOVAL	10/10/07		burn Cem.	Westpor	t count	Md.	STATE
1	24 FL	INERAL DIRECTOR			25a DATE	REC'D. BY REGISTRAN	Sh REGHTRAR'S	ICHATURE A	do .

DHMH - 16 60M 7/B4 (VRA 15, 4)

Estep Bros. F.H. 1300 Eutawsplace

CEC 17

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3 BEGISTRAR DATE KNOWN DECEASED NAME 26 HOUR (TYPE OR PRINT) Sidney Harris Washington DEATH MATED 12-28-87 4 RACE 6. AGE (IN YEARS | IF UNDER 1 YR. | IF UNDER 24 HRS 2d HOUR DATE PRONOUNCED 11:15 BLACK NOV. 13,1920 67 YRS MALE 12-28-87 70. BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED MARYLAND UNITED STATES DIVORCED X Baltimere City ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS Baltimore City Penitentiary Hospital NAVAL P. HANDLER GOV'T. Baltimore USUAL RESIDENCE (JE IN NURSIN LIS COUNTY 13d INSIDE CITY LIMITS? 113e STREET ADDRESS MARYLAND CHARLES NO X P.O. BOX 492 20601 FATHER'S NAME IS. MOTHER'S MAIDEN NAME MIDDLE 1.851 DENT JOSEPH WASHINGTON PEARL 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17 INFORMANT ADDRESS CELIA Y. BROOKS DISTRICT HEIGHTS, MC UNKNOWN 219-12-4935 8 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DE ATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Cerebral infarction with complications DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) RDED TO THE CHIEF MEDICA E 3 SHOULD BE USED AS A B E DEPARTMENT OF HEALTH A 01 PRIOR TO BURIAL, CREMA Diabetes mellitus 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NOX II EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH TIE PLACE OF INJURY INTHOME 21d. INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE WHILE AT WORK AT WORK PAGE A SHOULD BE FORM
TO FUNERAL DIRECTOR, P.
AFTER DEATH, WITH THE ST.
BALLIMORE Inspection X charge at the remains described above, held on Autopsy 22a I certify that I took and in my opinion deoth resulted from Undetermined monner TITLE (SPECIFY) ACTUAL M.D. Assistant 12-29-87 SIGNATURE EXAMINER'S NAME Charles P. Kokes, M.D. ADDRESS 111 Penn Street, Baltimore, MD 2120 (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY

07/84 **DHMH - 17** (VR A15 ME (5))

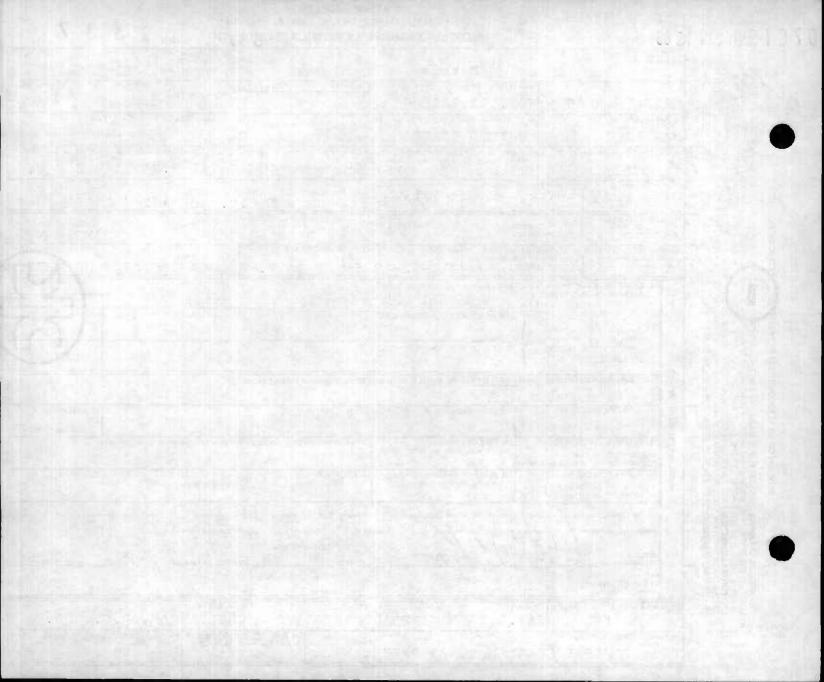
BURIAL

JAN. 4, 1988 MARYLAND VETERANS

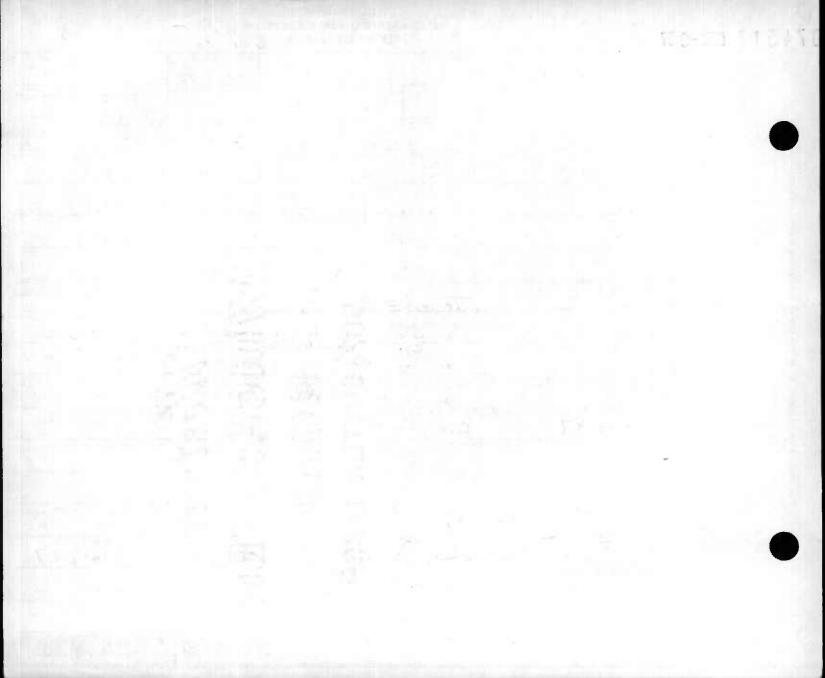
CHELTANHAM, P.G.,

24 FUNERAL DIRECTOR FUNERAL HOME POMONKEY, MD. THORNTON'S

MD. ANE RETO. BY ROS DRAR 256 REGISTRAR'S SIGNATURE



17 DEC -9		FOR STATE REGISTRAR		DEPARTA	CERTII	E OF MARYLAND IEALTH AND MENTAL HY ICATE OF DEATH	8 / REG. NO.	3 3 8
e 6.4		CEASED NAME FIRST MARGU	ים ייי ד מים	CLEAVEL				11 40
r death	3. SE)		1. RACE	CLEAVEL	S. DATE (WATERS		987 HI:40,
s ofte	0. 027	Female		nite	Mar	DAY YEAR	90 YRS.	MONTHS DAYS HOURS MIN.
R R	70. Bl	RTHPLACE STATE OF FOREIGN COUNTRY)	76. CITIZEN	OF WHAT COUNTRY?	8 MARRIE WIDOW	D NEVER MARRIED	Baltimore City or County Baltimore Ci	
The state of the s		Baltimore	11. NAME (of Hospital, Nursin Suchfacility, Give street Tunbridge	G HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE HOMEMaker	12% KIND OF BUSINESS OR INDUSTRY OWN HOME
No.		AL RESIDENCE (IF NURSING HOME ITATE 13b. CO		134. CITY OR TOW Balto	N	138. INSIDE CITY LIMITS?	13. STREET ADDRESS 117 Tunbridge	Rd., 21212
	I4 FA	THER'S NAME FIRST Edwin	MIDDLE R.	Cleavela	nd	15. MOTHER'S MAIDEN NA FIRST Louel	MIDDLE	lfield
Pages Pages medical		VAS DECEASED EVER IN U.S. (ES, NO OR UNKNOWN) (# YES, NO	ARMED FORCE GIVE WAR OR DATE			Patricia	W. Levering,	Florida
gned by the attended by the attended by the buriol, cremento vry, or other transition.	7	Conditions, if ony, which gave rise to immediate cause (a), stofing the underlying cause last. PART 2. OTHER SIGNIFICAN	((c)	O, OR AS A CONSEQUE	NCE OF	NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIVE	
nos been s permit. The ne prior to ws ony inju	CERTIFICATION	19a. DATE OF OPERATION	19b. CO	Blas d			20a AUTOPSY? 20b. IF YES, IN CERTIFY	WERE FINDINGS USED YING CAUSES OF DEATH?
s certificate burial-transit Mental Hygie	MEDICAL CERT	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM) 216. INJURY OCCURRED	DEATH HOUR	AE OF INJURY A.M. MONTH DA P.M.			RED (ENTER NATURE OF INJURY IN ITEM IS PA	
After this os the bu Ith and M arked or	MEC	WHILE NOT WHILE AT WORK	(AT HOM	CE OF INJURY E. STREET, FACTORY, OFFICE, F.		STREET	CITY OF TOWN	COUNTY STATE
CTOR: A lfor use . of Heol		77a.1 certify that (1) (this ho saw the deceased alive obave (1) (we) (did) (did				nd that in (my) (aur) opinion	death occurred on the date and hour	and from the causes stoted
AL DIRE detached ate Dept		22h SIGNATURE	GA.	llely)	\$1.1	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	12. DATE SIGNED
TO FUNERAL should be dete with the State		Dr. Earl P		Leher, Mo)	600 W. No	rthern Pkwy.,	Balto., MD
BP	23a B	URIAL, CREMATION, REMOV.	1 1			EMETERY OR CREMATORY Mount	Balto.,	COUNTY MD STATE
HMH - 16 50M 1/B1	24 FL	INERAL DIRECTOR		Jenkins, 8	Son	15 Co. 250. DA	TE REC'D. BY REGISTRAR 256 REGISTI	RAP'S SIGNATURE



DHMH - 16 60M 7/84 (VRA 15, 4)

BALTO, NATIONAL CEM, BALTIMORE AL HOMES, INC. GWYNNS FALLS PEWY, BALTO, MO. 21216

MO

The state of the s AMERICAN PROPERTY OF THE PROPE EARLY FOR THE PARTY OF THE PROPERTY OF THE PRO - Stand Old come and also and the second of the second o VICE TO THE PROPERTY OF THE

0746

						STAT	E OF MARY	LAND							
	1.	FOR STATE			DEPAI	RTMENT OF H			HYGIEI	NE	19 E	7	1 4		
		REGISTRAR				CERTIF	ICATE OF	DEATH	8	REG	5. NO.	3-0	,		
C	I E	ORPRINTS	FIRST	L. 11	MIDDLE	ı	AST		2	a. DATE OF DEAT	H MONTH	DAY	YEAR	26 HOUR	
		F	'ieldir		L.	Watki					12	8	87	125	P
	3. SE)	(4.	RACE		5 DATE C		YEAR	6.	AGE IN YEARS LA	T BRTHDAY)	MONT	HS DAYS	IF UNDER 24 H	IRS
		MALE		Whi	te	12					69 YRS		HS DATS	HOURS M	114
-	70. BII	RTHPLACE (STATE OR FO	OREIGN 76	CITIZEN OF	WHAT COUNTR	Y? 8 MARRIE	X NEVE	24400150	9.	BALTIMORE CI	Y OR COUN	TY OF	DEATH		
Jan.		Maryland		U.S.	.A.	WIDOWE		R MARRIED !	1	Balto	. City				MI
100		TY OR TOWN OF DEA	TH 11		HOSPITAL, NUR	SING HOME C			12	a. USUAL OCCU			26. KIND C	OF BUSINESS	-
2	-	Balto. Cit	·v		Samarita		ital		- (Chemist		S LIFE) If	NDUSTRY		
1	USUA	AL RESIDENCE (IF NURSI	NG HOME OF OT	HER INSTITUTION			2 042		-						-
Jan Jan		Md.	13p COUNTY		Balto		YES 🗗	NO [5500 AP	ss / ZIP CC abia A	ve.	2121	<i>l</i> _±	
£.,		THER'S NAME	_6/10_	DIE	LAST			R'S MAIDEN	INAME	MIDO	if an		LAS	ST.	
ţ.,		Fielding	L.		Watkins,	Sr.	Bla	nche			" H	ayes	5		
		VAS DECEASED EVER	N U.S. ARME		166 SOCIAL SE	CURITY NO.	17. INFORA				DDRESS				
/	1,	No	(11 163, 0176 1	AR OR DATES!	217-05	-8972	Pauli	ne Wat	tkir	ns, Same	as 13	e			
		18 CAUSE OF DEATH	1 (Enter only	one couse pe	r line for (a), (b),	and (c).)		0		S. Park		I	BETWEEN	MATE INTERVAL ONSET AND DEA	TH
		PART I. DEATH W.	AS CAUSED I		Parc	منزعو	-11 1	15	.1.	~~					
			MMEDIAIL				[/	1				/			
	3.41	Conditions, if any,	which	DUE TO, C	R AS A CONSEC	JUENCE OF	, ,	بماممر	ALA	for s	1/84	11			
		gove rise to imm	ediote	16)	107		4/1	Pour	1000		7.7.6	-			_
		cause (a), stating underlying cause		DUE TO, O	R AS A CONSEC	DUENCE OF									
		BADY D OTHER CICAL	UEIC ALIT CO	(c)	ON ITRIBUTANCE	0.00.711.0117									_
	z	PART 2 OTHER SIGN	IFICANT CO	NDITIONS C	ONTRIBUTING I	O DEATH BUT	NOT RELATI	ED TO THE TE	ERMIN.	AL DISEASE OR C	ONDITION	SIVEN II	N PART 110	3	
_	ATION	19a DATE OF OPERAT	ION	TION COND	ITION FOR WHI	CH OBERATIO	NI W/AC DEDS	OPMED	-	70a AUTOPSY?	20h IE 1	VES NA/E	ERE FINDIN	ICE HEED	
4	FIC.	THE DATE OF OFERAL	1014	178. COND	IIIOI410k WIII	CHOPERATIO	IN WAS FERI	OKMED			IN CER	TIFYING	G CAUSES	OF DEATH?	
-	CERTIFIC	71a. ACCIDENT WAS UND	CDI SHAVIRA	21b. TIME C	VALILIA 30		Tale HOW	INTITION OCC	CHROSE	YES NO		YES [-	NO 🗌	_
		OR CONTRIBUTING C			M. MONTH	DAY YEAR	ZIE. HOW	INJURY OCC	CURREL	(ENTER NATURE OF	INJURY IN ITEM I	8 PART 1	OR PART 2)		
1	ICAL	(IF EITHER NOTIFY MEDIC			.M.	19	101								
-1	MEDIC	21d INJURY OCCURR			OF INJURY REET, EACTORY, OFFIC	CE, FARM, ETC.)	21f LOCAT			CITY	OR TOWN		COUNTY	STATE	
,	-	AT WORK NOT WHI	K .											100	
		22a.1 certify that 44				m	18/8-		- 23	. to	18 33	_ 19_		that (I) (we)	los
		saw the decease above, (1) (we) (d	d alive an		offer death	, 01	nd that in (m	y) (our) opini	nion dec	oth occurred on t	e date and h	סטו סחכ	d from the	couses stated	
	- 3	27h SIGNATURE				- //	DEGREE						22c DATE		
		H	rell	ian	-		U.D	PHYSICIAN		MEDICAL DIRECTOR PH	STAFF YSICIAN X		12/8	3/67	
1		THE PHYSICIAN'S NA	ME THE GEN	mel)			22e. ADDR					1001		EN BU	U
-		A. U	NILL	14MG	>		GOOD	SAMA	1e.70	n Hostit			RTIM		

23c. NAME OF CEMETERY OR CREMATORY

Moreland

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: Afre should be detached for use as with the State Dept. of Health

TO HOSPITAL OR

MPORTANT: If Item 21 is marked or Item 18 shaws any injury, ar ather traumatic event,

24 FUNERAL DIRECTOR Leonard J. Ruck, Inc., 5305 Harford Rd.

12-11-87

23a. BURIAL, CREMATION, REMOVAL

Burial

DECAT SECTION AND REGISTRAPES STATEMENT

Balto., Md.

23d. LOCATION

STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR 20 DATE KNOWN DECEASED NAME ESTI-12-27- 87 Watkins-Thomas DEATH MATED Martha 4. RACE DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE LAST BIRTHDAY) PRONOUNCED 04 20 DEAD 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED 2134 Baurmore WIDOWED A DIVORCED Baltimore City ID CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE! HOME HONEMBREA Sinai Hospital Baltimore SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS IN SATTIMORE 15. MOTHER'S MAIDEN NAME MARY 1 BOUNNE JOHN W Holmes 819 N FIRMINT & MN 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive Heart failure DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 19s. DATE OF OPERATION 1% CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TIE EXTERNAL CAUSE WAS THE TIME OF INJURY THE HOW INJURY OCCURRED LENTER HATURE OF PAULET IN ITEM IS PART I OR PART 25 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH THE PLACE OF INJURY LET HOME 211 LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK AT WORK **CITY OR TOWN** COUNTY State 22s. I certify that I took charge withe remains described disease, held on death resulted from Matural couses TITLE (SPECIFY) TER DEATH, ACTUAL Assistant SIGNATURE MEDICAL EXAMINER 111 Penn Street, Baltimore, MD 21201 EXAMINER'S NAME Charles P. Kokes, M.D. (TYPE OR PRINT) 23¢ NAME OF CEMETERY OR CREMATORY 236 LOCATION 230 BURIAL CREMATION REMOVAL 236 DATE BALTIMEAS NOTION

DHMH - 17 (VR A15 ME (5))

ansized Blager 135 n q. / m & A

manufactured to the OEOEO and the Authority of the Author

S	T	A	T	E	0	F	M	A	R	Y	Ĺ	A	N	D	

164	FOR STATE REGISTRAR	DEPAR		ICATE OF DEATH	BIENE REG. NO	3 5	3	4 4	4
	CEASED NAME FIRST OR PRINT) JOHN	MIDDLE	J.	Watts	OCTOB	er 23	YEAR 87	26 HOU	P
SEX	, MALE	RACE WHITE	5. DATE C		6 AGE (IN YEARS LAST BIR	THDAY) IF UP MON1	HS DAYS	IF UNDER	74 HRS MIN,
	RTHPLACE (STATE OR FOREIGN OUNTRY) MD. TY OR TOWN OF DEATH 1	L. S. A. NAME OF HOSPITAL, NURS	MARRIE	7-57	BALTIMORE CITY O BALT I 111	ore CI	DEATH '+y 26. KIND OI	F BUSINE	MD.
	BALTIMOIR IL RESIDENCE (IF NURSING HOME OR O		prode	Ave	Retired PL	ym.ber	NDÚSTRY		
41	THER'S NAME	BALTIM		13d. INSIDE CITY LIMITS? YES NO 1		Stode Stode	AVC	21	214
1	AL BEAT AS DECEASED EVER IN U.S. ARM	NED FORCES? 166. SOCIAL SEC		CATHERING 17 INFORMANT	ADDRE	SS	Bur	ns	
()	NO	WAR OR OATES) 216-05	-7546	CATherne	P. IRVIN	5-50	7 EL		
	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	BY:	tory	arrest			3-4	Miset and	DEATH
	Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEO (c) DUE TO, OR AS A CONSEO (c)	MANY UENCE OF	fibrosis			10-3	oyı	2
	PART 2 OTHER SIGNIFICANT CO		O DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN I	N PART 110		
A JULIE	19a DATE OF OPERATION	196 CONDITION FOR WHICE	H OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	206 IF YES, WE IN CERTIFYING	G CAUSES		H?
אבחוראו רב	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	216 TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AI HOME, SIREEL FACTORY, OFFIC	DAY YEAR 19	211 LOCATION STREET	RED (ENTER NATURE OF INJUI	267	OR PART 2)	S	IATE
	AT WORK NOT WHILE AT WORK 22a.1 certify that (1) (this haspita	I WENT COME	1	. 19	, to			hat (I) (v	
	saw the deceased alive an_ above, (I) (we) (did) (did nat) 72b. SJGNATURE	Warys w		DEGREE ATTENDING PHYSICIAN		FF	22c DATE:		7
	DAN H. McDor			5601 Loch	Raven Blv	d. Sui	te 3	96	

DHMH - 16 60M 7/84

TO HOSPITAL

BP.

IMPORTANT: If Hem 21 is marked or Item 18 shows ony

(VRA 15, 4)

23a. BURIAL, CREMATION, REMOVAL

Ruck.

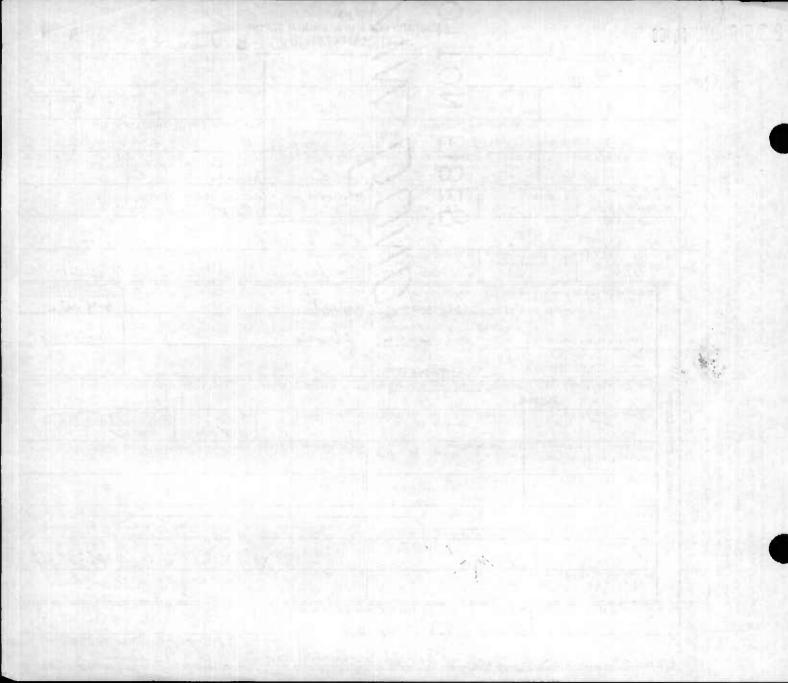
24 FUNERAL DIRECTOR
NAME
LEON ATC

23c NAME OF CEMETERY OR CREMATORY

BALTO :

COUNTY

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE



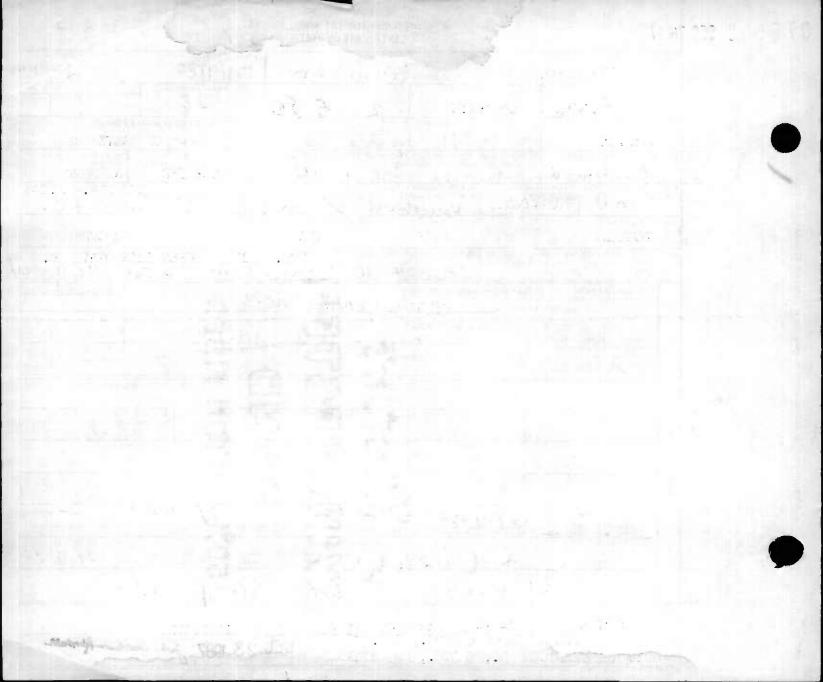
STATE OF MARYLAND

GIENE			- 9	Total	20-99	4
5	1	REG. 1	NO.	2	0	-773
10.00	70.07					

5

	STATE REGISTRAR	DEPARTA	MENT OF HEALTH AND M CERTIFICATE OF DI	3	REG. NO.	5 4 3
(TYPE	CEASED NAME FIRST	MIDDLE	00.411.01	20. DATE OF D	187.	26. HOUR 249
3. SEX	FEMALE	HITE	5. DATE OF BIRTH	6. AGE IN YEAR	76 . YRS. MONTH	
	COUNTRY) MARY LAND ATY OR TOWN OF DEATH	CITIZEN OF WHAT COUNTRY? USA NAME OF HOSPITAL, NURSIN		ORCED C	1	TIMORE A
		(IF NOT IN SUCH FACILITY, GIVE STREET	HO) bit	HOU.	SEWIFE A	AT HOME FLR. 21208
1_	STATE BALT	IMORE 136 CITY OR TOW	WOLL YES D	Y LIMITS? 13 STREET AD	DRESS AZIP CODE Shirwo	0d AU &
0	MICHÄEL	JEFF	Í	ĎA		KNOWN
	WAS DECEASED EVER IN U.S. ARME (YES, NO OR UNKNOWN) (IF YES, GIVE W NO		24-3086	#21209 KIMARILYN	105EN 2213,	OXEYE RD. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gave rise to immediate	DUE TO, OR AS A CONSEQUE	ence of and	al infe	nct.	Mr. Mr.
TIFICATION	PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUE (c) ONDITIONS CONTRIBUTING TO (DEATH BUT NOT RELATED T	MED 20a AUTOP	20b. IF YES, WE	RE FINDINGS USED CAUSES OF DEATH?
DICAL CERTIFICATION	COUSE (0), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CO. 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	196 CONDITION FOR WHICH 197 CONDITION FOR WHICH 198 CO	DEATH BUT NOT RELATED OPERATION WAS PERFOR AY YEAR 19	MED 200 AUTOP: YESP URY OCCURRED (ENTER NATUL	20b. IF YES, WE IN CERTIFYING YES YES	RE FINDINGS USED CAUSES OF DEATH?
MEDICAL CERTIFICATION	COUSE (0), stating the underlying couse lost PART 2 OTHER SIGNIFICANT CO 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOTH WHILE AT WORK	(c)	OPERATION WAS PERFOR 216. HOW INJ 216 LOCATION	MED 200 AUTOP: YESN URY OCCURRED (ENTER NATUL	20b. IF YES, WE IN CERTIFYING YES YES TO YES.	RE FINDINGS USED CAUSES OF DEATH? NO DR PART 2)
	COUSE (0), stating the underlying couse lost PART 2 OTHER SIGNIFICANT CO 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED	196 CONDITION FOR WHICH 216. TIME OF INJURY HOUR A.M. MONTH D. P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F view the body offer death.	OPERATION WAS PERFOR AY YEAR 19 21t LOCATION STREET And that in Lawy) (DEGREE	MED 200 AUTOP: YES NATULE NOTE: The properties of the properties	20b. IF YES, WE IN CERTIFYING YES TE OF INJURY IN ITEM IB PART I O	RE FINDINGS USED CAUSES OF DEATH? NO DEPART 2)

DHMH - 16 60M 7/84 (VRA 15, 4)



FOR

STATE STATE REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO	5	3	4	6	
OF DEATH	AONTH (YAC	YE AR	26 HOL	JR
	2-2	8-	27	7:0	OPM
IN YEARS LAST BIRTI		IF UNDE	RIYEAR	IF UNDER	
95	YRS	ACH I HS	DATS	HOURS	MIN
MORE CITY OF	ore!	Ci	tu		MD.
AL OCCUPATION WORK FOR MOST OF			KING O	F BUSIN	ESSOR
JSEWIFE		1		HOM	E
FALUS	ZIP CODE	E		212	_
MIDDLE		ELDI			
RRYGUAZ	ER A	PT.	510)	
AVE. BA	LTO.	MD	213	215	
			APPROXI SETWEEN C	MATE INTE	RVAL DEATH
ASE OR COND	ITION GIV	ENIN	PART 11c		
UTOPSY?	206 IF YES IN CERTIF YES				

DECEASED NAME MIDDLE LAST . 2n DATE (TYPE OR PRINT) 6 AGE SEX 4 RACE DATE OF BIRTH Th CITIZEN OF WHAT COUNTRY? BALTI I STATE OR FOREIGN MARRIED NEVER MARRIED DIVORCED WIDOWED NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 12e USU JOWN OF DEATH NOT IN SUCH FACILITY GIVE STREET ADDRESS) TTYPE OF HOU Evindere 130 STATE 136 COUNTY CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STRE 360 Baltimore YES X NOF 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST CHAIM ETELSON ROSE WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT MRS. HA 7111 PARK HTS. NO 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)
PART I. DEATH WAS CAUSED BY. HEART FAILURE ONGESTIVE IMMEDIATE CAUSE (o) DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DIST NO 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 A YES 216 TIME OF INJURY 71a ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OF TOWN AT HOME STREET FACTORY OFFICE, FARM ETC) NOT WHILE 22a I certify that to (this hospital) attended the deceased from sow the deceased alive on. and that in (met (our) opinion death occurred on the date and hour and from the causes stated obove, ((we) (did) (did)) view the body ofter death 226 SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 71e/ADDRESS 22d PHYSICIAN'S NAME (TYPE OR PRINT) HEYSTUBN ESPLIATHIC CENTER 231. NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION, REMOVAL 23d LOCATION 236 DATE CITY OF TOWN ROSEDALE

DHMH - 16 60M 7/84

BP.

FUNERAL DIRECTOR

ony

00

5

* ld be deto the Stote I

MPORTANT

(VRA 15, 4)

BURIAL

DEC.30,1987 AHAVAS SHALOM LEVINSON & BROS., INC. 24 FUNERAL DIRECTOR SOL

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

6010 REISTERSTOWN RD. BALTO., MD

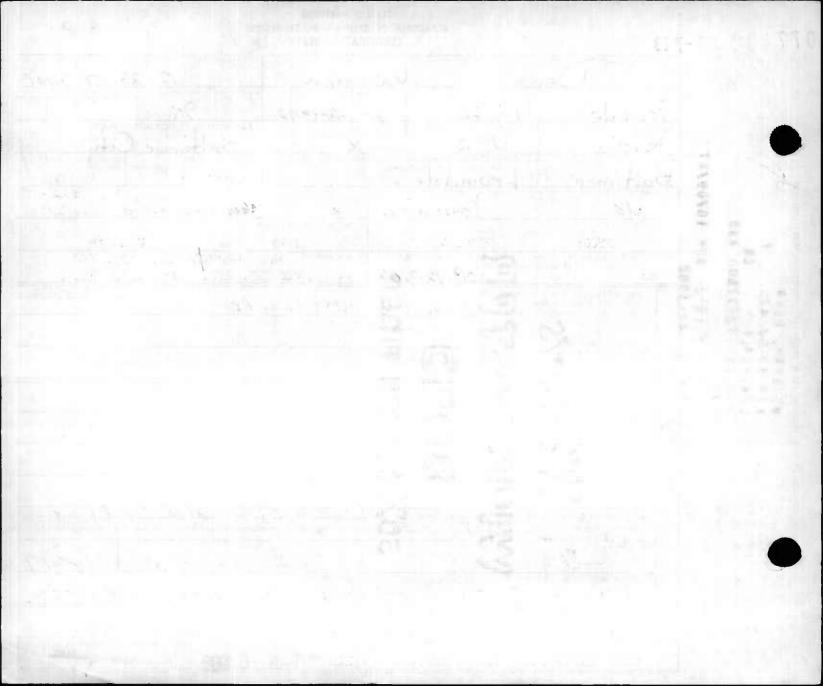
in wardow- Handall

BALTO.

COUNTY

22c. DATE SIGNED

STATE



9,1987

& BROS. INC.

BALTO., MD

BALTIMORE HEBREW

21215

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

YEAR

IF UNDER I YEAR

INDUSTRY

APT.

YES [

CITY OR TOWN

REISTERSTOWN

COUNTY

22c DATE SIGNED

BALTO.

7b HOUR

HOURS

12b. KIND OF BUSINESS OR

310

#21208

AT HOME

NONSK-

21208

APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT

NO [

that (I) (we) last

MD

IF UNDER 24 HRS

DHMH - 16 60M 7/84 (VRA 15, 4)

BURIAL

SOL

6010 REISTERSTOWN RD.

24 FUNERAL DIRECTOR

BP

FOR

REGISTRAR

- STATE

1361 131 2466 251 AND HE STAND THE STAND OF THE S and the officer was Toyet - X DEC 1 5 1987 (FILE STREET)

tronsit p

should be detowith the Stote D

DHMH - 16 60M 7/84

(VRA 15, 4)

0

orked

MPORTANT.

STATE OF MARYLAND

- STATE

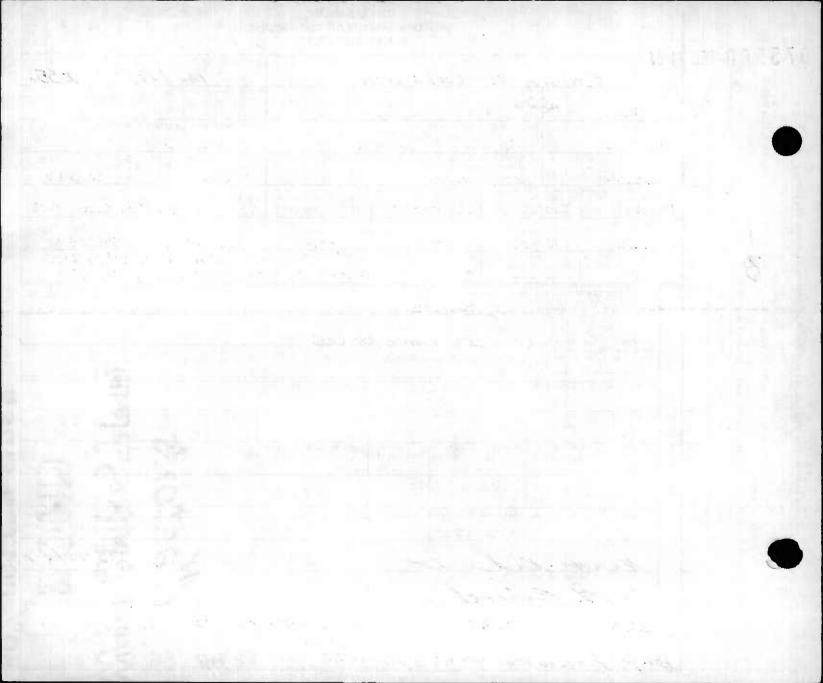
DEC

REGISTRAR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

REG. NO.

DEDEASED NAME 2ª DATE OF DEATH MONTH 2b. HOUR Wendonath 3. SEX AGE (IN YEARS LAST BIRTHDAY) 01 - 26 - 12White Male TO. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Maryland U.S.A. Baltimore City WIDOWEDK DIVORCED CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore Driver Mercy Hospital Trucking USUAL RESIDENCE (IF NUME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130 STATE
130 CITY OF TOWN L COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Maryland Carroll Eldersburg 2301 Sunset Drive North 21784 NO X ATHER'S NAME IS MOTHER'S MAIDEN NAME FIRST MIDDLE John Edward Wenderoth Marv Elizabeth Hoffman 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT 23010 Sunset Drive North (YES NO OR UNKNOWN) Beverly J. Scholz Eldersburg, MD 21784 NO 18 CAUSE OF DEATH lEnter only one couse per line for (a), (b), and (c):
PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF I.schemic Bours Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206, IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOK YES T 21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 71d INJURY OCCURRED III LOCATION 21e. PLACE OF INJURY STREET COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) AT WORK 220.1 certify that (1) (this hospital) attended the deceased from, 19_ 19_____, that (I) (we) lost sow the deceased alive on_ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body ofter death 27h, SIGNATURE DEGREE MEDICAL ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 23c NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23d LOCATION New Cathedral Cemetery Balltimore STATE BURTAL Baltimore 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 941 FUNELAL HOME BUN 195 STRISTILLE, MD

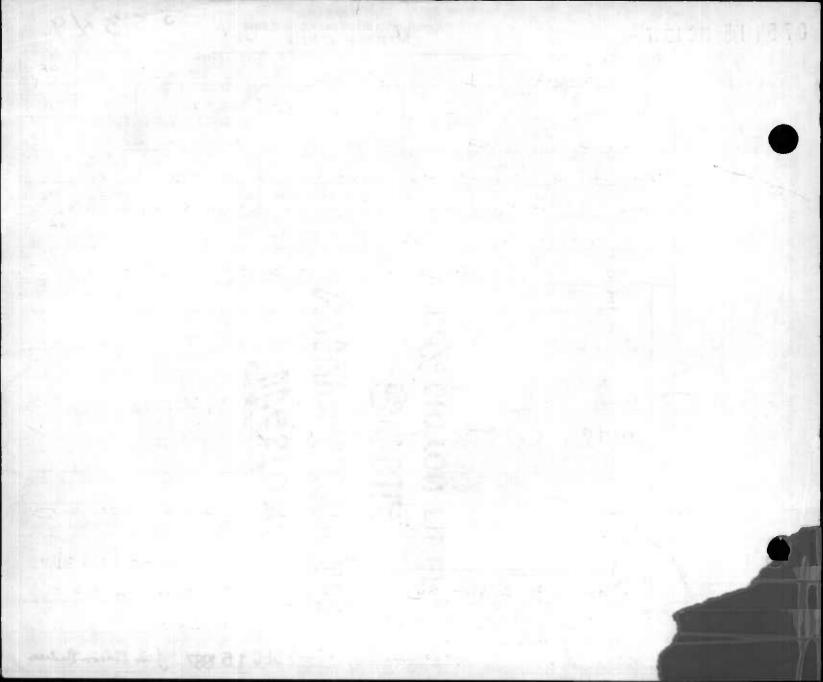


STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

35349

REGISTRAR	C	ERTIFICATE OF DEATH	REG. NO.	
I. DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 25 HOUR
(TYPE OR PRINT) SARBARA	1	WESSEL	15 1	3 87 8 PM
	RACE 5.	DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
I female !	Corcion	MONTH DAY YEAR	5 2 YRS.	MONTHS DATS HOURS MIN.
7a. BIRTHPLACE (STATE OR FOREIGN) 7b	CITIZEN OF WHAT COUNTRY? 8.	AARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OFDEATH
MARYLAND		IDOWED DIVORCED	BALTIMONE C	TY MD.
CITY OR TOWN OF DEATH	I. NAME OF HOSPITAL, NURSING H		120. USUAL OCCUPATION	120 KIND OF BUSINESS OR
BACTIMONE, MD	University MD	Heop Heal	Homemaker	-
USUAL RESIDENCE (# NURSING HOMEORO)	THER INSTITUTION, GIVE RESIDENCE BEFORE ADM Y 13t. CITY OR TOWN Limore WHITE MAN	13d. INSIDE CITY LIMITS?	130. STREET ADDRESS 834	Loreley Beach
H. FATHER'S NAME FIRST Garland	H. Martin	15. MOTHER'S MAIDEN NA Marie	ME V .	21162 Doster
160. WAS DECEASED EVER IN U.S. ARMI		MP3 17. INFORMANT	ADDRESS	
(YES, NO OR UNKNOWN) (IF YES, GIVE V	219-34-6	13 Leesa Wat	ts - 2 Dutche	s Ct. 212 ³ 7
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT COMMERCATION OBES 1. 9a DATE OF OPERATION 12 10 87	DUE TO, OR AS A CONSEQUENC (b) Prior Cordi DUE TO, OR AS A CONSEQUENC (c) Coronary of Conditions Contributing to Dear	EOF TH BUT NOT RELATED TO THE TERM THAT TIS HATE EATE ERATION WAS PERFORMED CTY DOESE (16th)	200 AUTOPSY? 206. IF YE IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO NO
OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DAY	YEAR		
(IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PŁACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM,	211 LOCATION	CITY OR TOWN	COUNTY STATE
220.1 certify that (1) (this hospita saw the deceased alive on above, (1k(we)) did) (did not)		and that in (my) (aur) apinion	death occurred on the date and had	19 that ((We) last ur and fram the causes stated
AR		MD ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	- 12 13 87
22d PHYSICIAN'S NAME (TYPE ORP	Zickler M	270 ADDRESS ZZS Gree	on St Bull. H	15 21228
(SPECIFY) Burial	12/18/87 Dru	id Ridge	23d LOCATION CHIT OR TOWN Baltimore	county State
Home, Inc.	neral 9705 ₆₅₅ Be Baltimor	lair Rd. 21236 DE	C 1 5 1007 Julia	TRAR'S SIGNATURE



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

0	8	1	REG. N	ن 10.	2	" and		40.
	2a DA1	E OF DE	ATH	MONTH	DAY	YEAR	2b H	OUR
				-	22	81	12	45
1	6 AGE	(IN YEAR	LAST B	RTHOAY)		IDER I YE		DER 241
		73		wh	MONT	HS DA	YS HOUR	S A

TYPE OR PRINTI Gertrude 3. SEX 4 RACE 5. DATE OF BIRTH MONTH

MIDOLE

76 CITIZEN OF WHAT COUNTRY?

MARRIED NEVER MARRIED WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

GEW HOSP

DAY

YEAR

City BALTIMURE (TYPE OF WORK FOR MOST OF WORKING LIFE) HOUSE WIFE

13e STREET ADDRESS / ZIP CODE

BALTIMORE CITY OR COUNTY OF DEATH

126 KIND OF BUSINESS OR INDUSTRY KANKE Home

BALTIMORE BALTIMORE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE AGMISSION)
130. STATE
13b. COUNTY 13c. CITY OR TOWN

MIDDLE

IMMEDIATE CAUSE to

ALTIMUNE

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

13d INSIDE CITY LIMITS? YES NO 15. MOTHER'S MAIDEN NAME

HURTON AUE 212 355

PWOL 160 WAS DECEASED EVER IN U.S. ARMED FORCES

PART I. DEATH WAS CAUSED BY

PART 2 OTHER SIGNIFICANT CONDIT

Md.

VBBARD 166 SOCIAL SECURITY NO

17 INFORMANT

ACKERMAN ADDRESS Wesse.

STATE

LYES, NO OR UNKNOWN) no 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c

196. CONDITION FOR WHICH OPERATION WAS TENORMED

APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT

Conditions, if ony, which gave rise to immediate couse (o), stoting underlying couse

STATE REGISTRAR

DECEASED NAME

IN BIRTHPLACE I STATE OR FOREIGN

10 CITY OR TOWN OF DEATH

14 FATHER'S NAME

CERTIFICATION

MEDICAL

00

Hem

0

orked

IMPORTANT

monusema DUE TO OR AS A CONSEQUENCE O SMOKING

O DEATH BUT NOT REVATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

30 YEADS

190 DATE OF OPERATION

21b. TIME OF INJURY

200 AUTOPSY?

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T NO T

218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

sow the deceased alive on

Burial

MONTH DAY HOUR A.M. YEAR P.M

(AT HOME, STREET FACTORY, OFFICE FARM, ETC.)

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2)

21d. INJURY OCCURRED WHILE NOT WHILE

19 21e PLACE OF INJURY

211 LOCATION

STREET CITY OR TOWN COUNTY

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE

STAFF

NO

226. SIGNATURE

Funeral

22a. I certify that (I) (this hospital) attended the deceased from

obove, (1) (we) (gid) (did not) view the body after death

23b. DATE

PHYSICIAN 27e ADDRESS

ATTENDING

DIRECTOR PHYSICIAN

MEDICAL

230 BURIAL, CREMATION, REMOVAL

HANDUER ST 1006 236 NAME OF CEMETERY OR CREMATORY

Cemetery Balto ..

DHMH - 16 60M 7/84 (VRA 15, 4)

BP

be detoch e Stote De

the S

Shou

24 FUNERAL DIRECTOR

(SPECIFY)

Homes Balto .. Md.21225 DATE REC'D. BY REGISTRAR 256 FEGISTRA

A fire exception of the control of t Black Street Street All Colored Westerlay RUMPIN ... S DEC 2 A SEE AL STANDARD



i .

0 7 5 4.24 DEC

FOR STATE REGISTRAR		STATE OF MARYLAND IT OF HEALTH AND MENTAL HYG ERTIFICATE OF DEATH	JENE 7 3 5	3 5 2
EASED NAME FRST DR PRINT) Barbara	MIDDLE E.	Weyer	20 DATE OF DEATH MONTH D.	5 87 04 6 AM
remale	While	DATE OF BIRTH	44 yrs.	FUNDER 1 YEAR FUNDER 24 HRS. ONTHS DAYS HOURS MIN.
Mary land	OSH V	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	e Cety MO.
Bultiman	1. NAME OF HOSPITAL, NURSING I	SOCA CTR	Exec. Secretar	126. KIND O TO THESS OR INDUSTRY
Taylar Ho	THER INSTITTION, GIVE RESIDENCE BEFORE ADI	Cet 13d. INSIDE CITY LIMITS?	13. STREET ADDRES LINI CT.	Ellestet
N161	S. Berberich	15. MOTHER'S MAIDEN NAM	RA MIDDLE	lirkham
AS DECEASED EVER IN U.S. ARM FE NO COLUNKNOWNY (16 YES, GIVE	MED FORCES? 166. SOCIAL SECURIT 213-42-4	112	ADDRESS Veyer Same	
PART I. DEATH WAS CAUSED IMMEDIATE Canditions, if any, which gave rise to immediate	DUE TO, OR AS A CONSEQUENCE	pulmoney Arr	rest	APPROXIMATE INTERVAL BETWEEN ONSELAND DEATH
cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUENCE (c) 15 PORTIONS CONTRIBUTING TO DEA	Cancer	INALDISEASE OR CONDITION GIVE	N IN PART I I a
Posible Posible No Del Del Posible Pos	Bleeds in to	the Right YA	200 AUTOPSY? 20b. IF YES,	WERE FINDINGS USED ING CAUSES OF DEATH?
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DAY	YEAR 19	ED (ENTER NATURE OF INJURY IN ITEM TS PA	RET OR PART 2}
21d. INJURY OCCURRED NOT WHILE AT WORK	216. PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE, FARM	2H LOCATION STREET	CITY OR TOWN	COUNTY STATE
22a.1 certify that (1) (this hospitus saw the deceased alive an abave, (1) (we) (did) (did gat 22b. SIGNATURE	view the body after death. 19 8	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	9 07, that (II (we) last and from the causes stated 22c. DATE SIGNED 121597
22d, PHYSICIAN'S HAME LIVE OR	1/1/	27. ADDRESS	ancene Stages	Ralt monage

22d. PHYSICIAN'S NAME 230 BURIAL, CREMATION, REMOVAL Burial

230 NAME OF CEMETERY OR CREMATORY

23d LOCATION Baltimore

Maryland

24 FUNERAL DIRECTOR

FOR - STATE REGISTRAR I. DECEASED NAME

W CITY OR TOWN OF DEATH

A FATHER NAME

OSUAL RESIDENCE IN NURSING HOME OF OTHER INSTRUIT

160. WAS DECEASED EVER IN U.S. ARMED FORCES

CERTIFICATION

MEDICAL

lid be deto the Stote MPORTANT

DHMH - 16 50M 1/B1

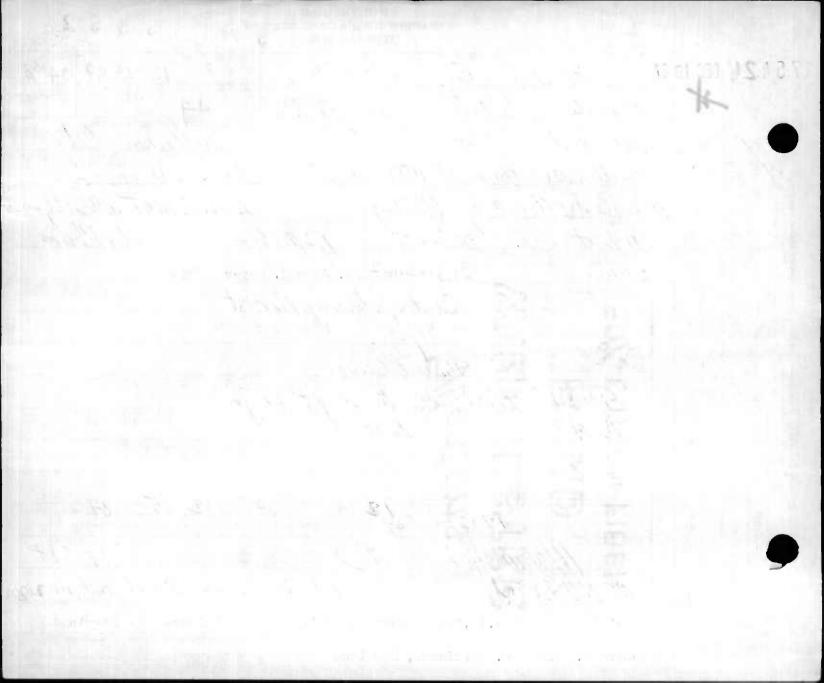
(VRA 15, 4)

Leonard J. Ruck Inc. Baltimore, Maryland

Dec. 18, 1987 Gardens of Faith

250 DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

view Devideon Rondolls



Maynesternell

morked

IMPORTANT: If Item 21 is

BP.

DHMH - 16 60M 7/84

(VRA 15, 4)

767	451	DEC	81-8	FOR TATE REGISTRAR			T OF H	OF MARYLAND EALTH AND MENTAL HYG CATE OF DEATH	IENE REG. No	5 3 5	5 4
e p	poge 3			EASED NAME FIRST Charle	CHARLES	D. W		LER	Detember	24, 21987	— 1/1
ige 4 mai	rector, po	-	3 SEX	Male	1 RACE William	le M	igy. S	5 RTH 1915	6. AGE (IN YEARS LAST BIRT	YRS.	YS HOURS MIN.
Geoth. Po	unerol di	4	M	THPLACE ISTATE OR FOREIGN Aryland	USA	, w	IDO WE		Baltimore city of	ce Gity	MD.
rs ofter o	by the fune filed within	6	1	34/Amore	(IF NOT IN SUCH	D SAMAR	ESSI TA	N Hospital	Superinte	on Larking LIFE INDUSTI entantMali	o of Business or ntanance
and 21	filled in	35	13a. S			Bel Air		13d INSIDE CITY LIMITS?	408 Prind	ZIP CODE Le Court	21014
MAKTE.	ompletely ond 2 sh	20		James C. Whe	eler	LAST		Gertrude	Earlin	ıg	LAST
IMUKE,	n ond co	medi		AS DECEASED EVER IN U.S. AR S NO OR UNKNOWN) (IF YES, GIV	MED FORCES?	213-10-0		Marie Whe	eeler sam		s as above
tificote b	physicia in papers imoval.	vent, t		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA)	lly one couse per li D BY: TE CAUSE (0)	ne for (a), (b), and (c)		Congehire t	lest failes	APPR BETWE	OXMATE INTERVAL EN ONSET AND DEATH
w. rkestons	e e	ar other traumatic e		Conditions, if any, which gave rise to immediate cause 101, stating the underlying cause lost.	DUE TO, OR	AS A CONSEQUENC		Atheroschlerot	ic Coronary	Vessel Diso.	۵,
OKDS, 20	een signed it. Then ple ior to burie	y injury, o	ATION	PART 2. OTHER SIGNIFICANT OF	nophisi	1	Bi	Interal Pul	NAL DISEASE OR CONT	TOOL OF YES, WERE FIN	
TALKEC	te hos be sit permi	2000	TIFIC	710. ACCIDENT WAS UNDERLYING			LKATIOI		YES NO	IN CERTIFYING CAUS	NO [
SICIAN	certific rial-tr ental t	G G	MEDICAL CE	OR CONTRIBUTING CAUSE OF DE	HOUR A.M P.M	MONTH DAY	YEAR 19	21c. HOW INJURY OCCURR	EU (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART	7)
PHY PHY	tendir this he bu	D O	MED	WHILE IT NOT WHILE IT	21e. PLACE O	F INJURY ET, FACTORY, OFFICE, FARM,	ETC }	211 LOCATION STREET	CITY OF TOV	VN COUNTY	STATE

NOT WHILE 270 | certify that (I) (this haspital) attended the deceased from sow the deceased alive on_______
above, (I) (we) (did) (did not view the body all a mail. 220 DATE SIGNED 226. SIGNATURE DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN

22e. ADDRESS 22d. PHYSICIAN'S NAME/(TYPE OR BRINT)

23d LOCATION

PHYSICIAN

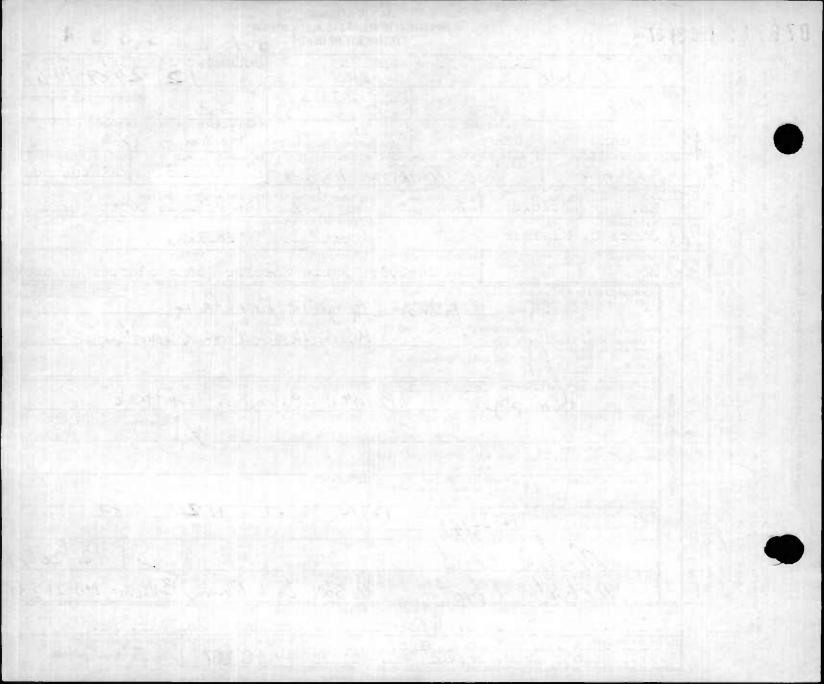
DIRECTOR

23a BURIAL, CREMATION, REMOVAL 23b. DATE Burial 12-28-87 234 NAME OF CEMETERY OR CREMATORY Bel Air MEM.

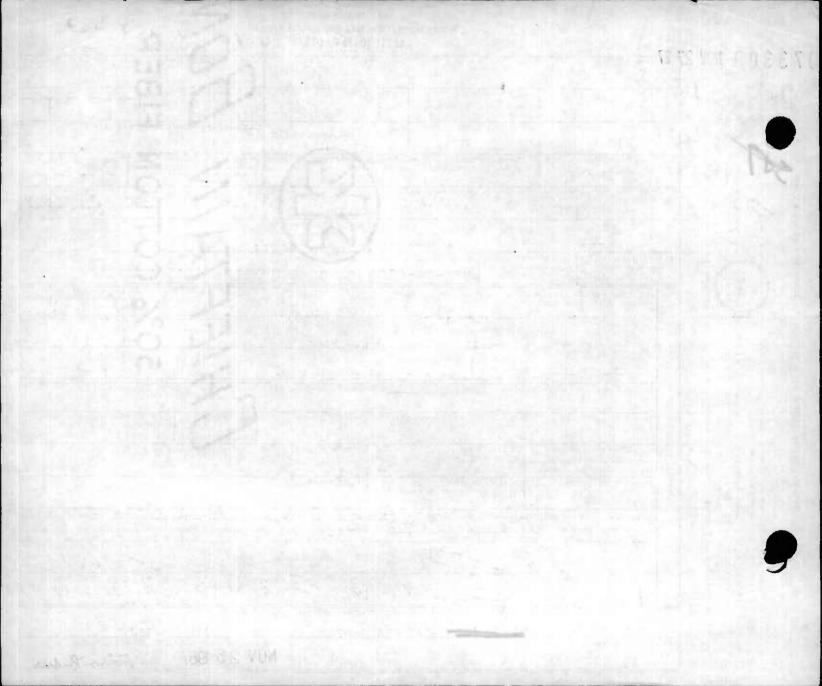
Bel Md. Gardens Air,

²⁴ FUSCAIMUNEK Funeral Home Inc. 9705 Belair Road, Balto., Md.

21236



	It	tem 23b,Film	G633	11-30-87	sb	STATI	OF MARYLAND						
	1-	FOR per f	uneral	home	DEPA		EALTH AND MENT.		REG. N	5 5	3 =) 3	
13309 NOV 21		CEASED NAME	FIR51		WIDGIE	ı	AST		20 DATE OF DEATH	MONTH	DAY YEA	R 2b F	HOUR
ge 3		On all (VI)	DANIE	L BI	ERT	WHE	ELER JR.		100	11	21 8		м
softer do	3 SEX	IALE		4 RACE BLACK		5 DATE C		ear 9	6 AGE (IN YEARS LAST BI	RTHDAY)	MONTHS D	EAR IF UN	NDER 24 HAS
oth. Page 772 hours		RTHPLACE (STATE OR OHIO)	FOREIGN	76 CITIZEN OF	WHAT COUNT	RY? 8 MARRIE WIDOWE	NEVER MARRI		BALTIMORE CITY			4	MD
The form	10. CI	TY OR TOWN OF DE	00101	11. NAME OF		RSING HOME	R OTHER INSTITUTION		120 USUAL OCCUPAT (TYPE OF WORK FOR MOST BALTO. M	ION OF WORKING LIF	12b. KIN E) INDUS		SINESS OR
ND 212		AL RESIDENCE (IF NUR TATE	136 COUN	OTHER INSTITUTION	GNE RESIDENCE BI 130. CITY OR T BALTIN	OWN	134 INSIDE CITY LIA YES 📉 NO		13e STREET ADDRESS 1918 KEN			UE :	21218
BALTIMORE, MARYLAND 2	14. FA	THER'S NAME FIRST		MIDDLE	LAST		15 MOTHER'S MAIL		MIDDLE			IRV	T N
W. 1004	160 V	DANIEI VAS DECEASED EVER		MED FORCES?	16b SOCIALS	ECURITY NO.	HOME 17 INFORMANT	SSEI	ADDR	ESS		TICV.	LIN
IMOR	()	YES UNKNOWN	IF YEAR	MY OR DATES)	182-2	0-4323	BLANCH	E WH	IEELER 19	18 KE			
		PART I. DEATH V	VAS CAUSE	ly ane cause pe D BY. E CAUSE (a)			20016			1	BETW	POXIMATE I	AND DEATH
N ST Control			IMMEDIAI		R AS A CONSE					0.00	1	1	P
STO Summer		Canditians, if any	, which	((b)_	bra		nmon				4	- 1	Ionsh
W. PRE		gave rise ta im cause (a), stati underlying causi	ng the	DUE TO, O	OR AS A CONSE		a ~ 6 +				1	0.	rondh
DS, 201 signed I hm plea o burnal jury, et	NO	PART 2 OTHER SIG	NIFICANT	ONDITIONS C			NOT RELATED TO TH	HE TERMI	INAL DISEASE OR COM	VDITION GIV	EN IN PAR	l lia	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST ING PHYSICIAN. The law resulting that the decit cert is oftending physician. Wher this certifical that be usuated by the attending os the burial-tron it prime. Then please immost cortion the and Mental Hygiene prior to burial correction, or in orded or frem 18 than sury injury, or other fraumotic.	CERTIFICATION	190 DATE OF OPERA	TION	196 COND	ITION FOR WH	IICH OPERATIO	N WAS PERFORMED	0	200 AUTOPSY?	IN CERTI	S, WERE FII YING CAU S	JSES OF D	
SICIAN IN THE COLUMN IN THE CO		710. ACCIDENT WAS UN OR CONTRIBUTING	CAUSE OF DEA	HOUR A	OF INJURY M. MONTH	DAY YEAR	21c. HOW INJURY	OCCURR	ED (ENTER NATURE OF IN)	URT IN HEM 18 1	ARI OR PAR	[2]	
PHYSK rending the burie	MEDICAL	21d INJURY OCCUR	RED	21e. PLACE	OF INJURY		211. LOCATION STREET		CITY OR T	OWN	COUNT	Y	STATE
NDING L or o' L o' L o' L o' L o' L o' L o' L o' L		220.1 certify that ()) (this haspi	tal) attended ti	he deceased fro	21-7	97/8/19	87	= to Kuy	****		-	It (we) last
Sector of the form		saw the decear abave, (1) (we)	sed alve an (did) (did na	t view the bady	y after death.		DEGREE	apinian a	death accurred an the	date and hav		ATE SIGN	
the har AL DIRE detached by the Dept.		276 SIGNATURE	7	25	1	7	ATTEN		MEDICAL STA	CIAN (11/	23
TO HOSPITAL TO FUNERAL should be det with the Store		Mark	AME (TYPE O	A L Wh.	= -		LOON, U	John		一方から	0=8.	ttos	8 18-
5 € 5 € 3 ₹		BURIAL, CREMATION	REMOVAL	236. DATE 1	1-28-87	73c. NAME OF C	EMETERY OR CREM.	ATORY	23d LOCATION CITY OR TOWN		COUNTY		STATE
BP		BURIAL		11/24	187	GARRIS	ON FORES					A 1 4 71 15 5	MD
DHMH - 16 60M 7/B4 (VRA 15, 4)	24 FU	M. C. MAR	CH F/H	, INC.	1101°E	NORTH	AVENUE		OV 25 1987		Derido		dage



BP

DHMH - 16 50M 1/81 (VRA 15, 4)

076003

FOR STATE REGISTRAR

	STA	TE	OF	M	ARYL	ANI
ADTMENT	OF	ME	AL	TH	AND	ME

CERTIFICATE OF DEATH

6 5 3 5 REG. NO.

C 23	U	STATE REGISTRAR	DEPAR		ICATE OF DEATH	REG. NO.	3 3
1		CEASED NAME FIRST	MIDDLE	t.	AST	26. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
L		ELS	IE	WHO	ITE	December 19,	1987 3:41 M
	3. SEX	Х	4. RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
	- 10	Female	White	Nov.		78 YRS.	DATE TOOKS MAN.
10	7a. BI	RTHPLACE STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTR	Y? 8	NEVER MARRIED	9. BALTIMORE CITY OR COUNT	Y OF DEATH
	(MD	USA	WIDOWE		Baltimore (City MD.
2		Baltimore	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRI Sinai Hospi	SING HOME C		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING) Homemaker	126. KIND OF BUSINESS OR
	13e. S	AL RESIDENCE (IF NURSING HOME STATE 13b. COI	OR OTHER INSTITUTION, GIVE RESIDENCE BEF UNITY 130. CITY OR TO Balto	NWC	13il. INSIDE CITY LIMITS? YES 🛣 NO 🗌	130. STREET ADDRESS 605 Upland F	Rd., 21210
儿	1	THER'S NAME John Odenhe	eimer White		15. MOTHER'S MAIDEN NAME FIRST FLORE OF THE PROPERTY OF THE PR	WIDDLE	Ingram
1		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN! [IF YES, O	ARMED FORCES? 166. SOCIAL SE 216 24		IT INFORMANT Elizabeth	ADDRESS N White, Balt	O., MD
		PART I. DEATH WAS CAUS	only one couse per line for (o), (b), SED BY: ATE CAUSE (o) DUE TO, OR AS A CONSECTION, OR AS A CONSECTION OF AS A CONSECTION	e C. ass WENCE OF W Faru	i soleron	Const	Monator
	NOI	PART 2. OTHER SIGNIFICAN	CONDITIONS CONTRIBUTING TO	ODEATH BUT	ACC. GUT	INAL DISEASE OR CONDITION G	IVEN IN PART TO
2	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHIC	CH OPERATIO	N WAS PERFORMED	1N CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? (ES \(\sum \) NO \(\sum \)
9		21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E	DEATH HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM 18	PART (OR PART 2)
1	MEDICAL	216. INJURY OCCURRED WHILE NOT WHILE AT WORK	218. PLACE OF INJURY (AT MOME, STREET, FACTORY, OFFICE	CE FARM, ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
		sow the deceased alive a above, (1) (we) (did) (did	on	67	nd that in (mg) (our) opinion	death accurred on the date and ha	, 19 8 , that (I) (we) last our and from the causes stated
		226. SIGNATURE	I I mulo			MEDICAL STAFF DIRECTOR PHYSICIAN	17 (20/87
1		Dr. David M			220. ADDRESS 1021 S. Do	olefield Rd.,	MD
		BURIAL, CREMATION, REMOVA	10/01/05	Green	Mount	23d LOCATION CITY OF TOWN Balto.,	COUNTY STATE MD
۱ [24 FU	UNERAL DIRECTOR I	H. W. Jenkins		s Co. 25 UE	EREC'D. BY REGISTRAR 256 REGIS	TRAPE SIGNATUR

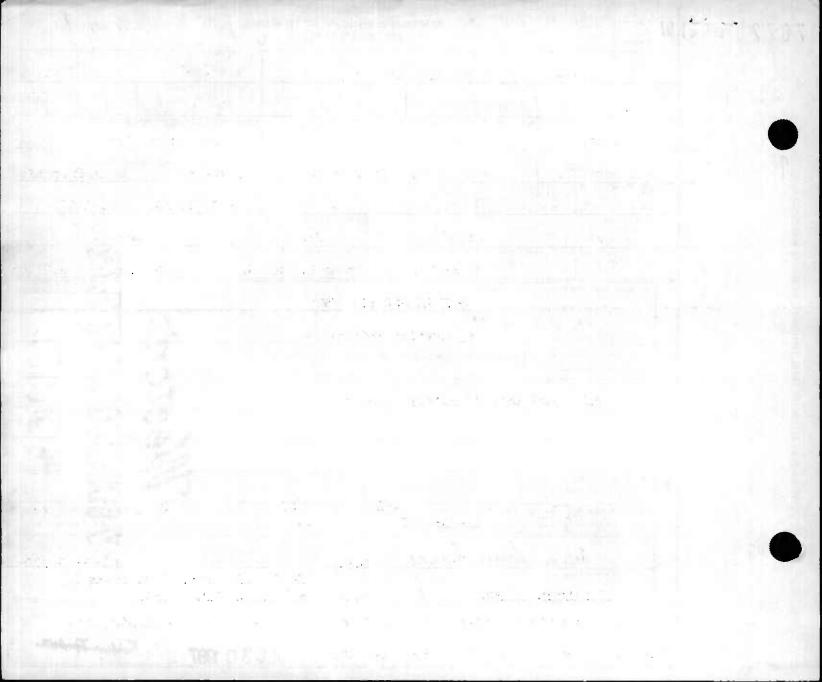
STATE OF MARYL		. 1				
* DEPARTMENT OF HEALTH AND	7 FOR	21 97	B DEC	7 2	7 0	1 -
CERTIFICATE OF	PEGISTRAR	311 41-	O DEF.	16	0) [

AND

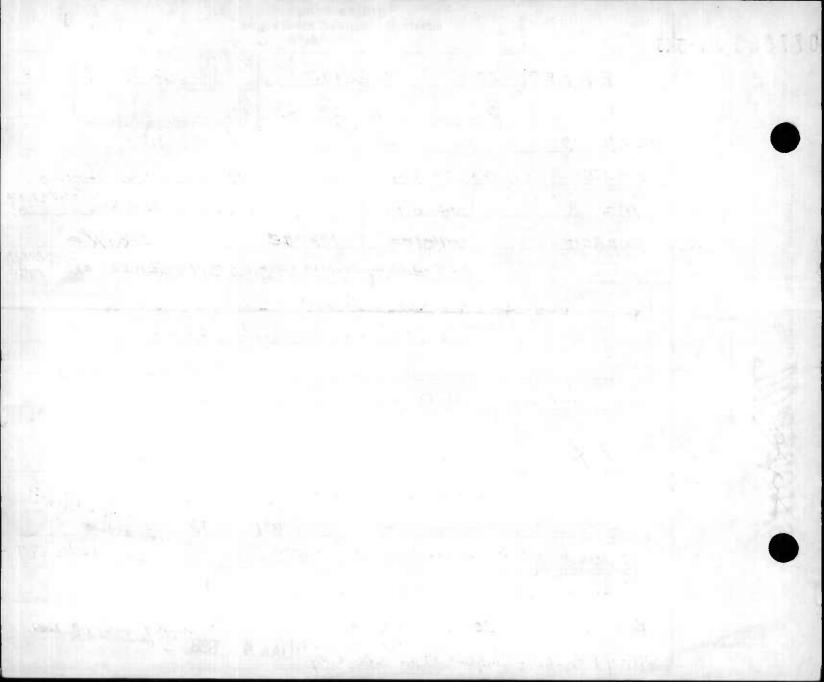
ENE	7	REG.	NO.	5	3	5	7
				-			100

	REGISTRAR		CENTIL	TEATE OF PEATE	REG. N	Ю.		
	EASED NAME FIRST	MIDDLE		AST			AY YEAR	26 HOUR
TITPEC	George	I. Whi	tehurst	Sr.	12-27-87			6 P. M
J. SEX		4 RACE	5. DATE O	OF BIRTH	6 AGE IN YEARS LAST BE	RTHDAY	FUNDER I YEAR	IF UNDER 24 HRS
1	MAle	White	MONTH	3-2-1909 YEAR	78	YRS	ONIHS, DATS	HOURS MIN.
	THPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT CO	DUNTRY? 8.	NEVER MARRIED	9 BALTIMORE CITY		OF DEATH	
В	alto. Md.	U.S.A.	WIDOW	ED DIVORCED	Balti		City	MD
	Y OR TOWN OF DEATH	11. NAME OF HOSPITAL (IF NOT IN SUCH FACILITY, O	GIVE STREET ADDRESS)		120 USUAL OCCUPAT			F BUSINESS OR
	altimore,MD.		airdel Av	e21206	Plasterer		John I	Hampshir
13a ST	RESIDENCE (IF NURSING HOME OR TATE 136 COUN	NTYI3t CITY	OR TOWN timore	134 INSIDE CITY LIMITS?	13e STREET ADDRESS 6233 Fa		Ave2	1206
14 FAT	HER'S NAME FIRST August	White	hurst	15. MOTHER'S MAIDEN NA/ Carrie	WE	Gros	skopf	л
16a W.	AS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOC	IAL SECURITY NO.	17 INFORMANT	ADDR	ESS	15395	
(")	NO OR UNKNOWN) IF YES GIV	213-	18-2100	Irene R. Whit	ehurst - 6	233 Fa:	irdel A	Ave.2120
TIFICATION	19a DATE OF OPERATION	DUE TO, OR AS A CO	eardial Inconsequence of ING TO DEATH BUT TERM DISE	NOT RELATED TO THE TERM 2850 NOT RELATED TO THE TERM 2800	20a AUTOPSY? YES NO	20b. IF YES, IN CERTIFY YES	WERE FINDING CAUSES	NGS USED
	210. ACCIDENT WAS UNDERLYING CAUSE OF DEA	HOUR A.M. MOI		21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	JRY IN ITEM 18 PA	RT I OR PART 2)	1563
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJUR		211. LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
	220.1 certify that (1) (think one saw the deceased alive an abave, (1) (we) (did) (did no	12-23	<u>- 1987</u> , o	nd that in (my) (yby) apinian i	, 10			that
	226. SIGNATURE	their tha			MEDICAL STA	IFF CIAN []	276 DATE	SIGNED -28-87
	22d PHYSICIAN'S NAME (TYPE O		1		Loch Raven		Suite	302
23a BL	IRIAL CREMATION REMOVAL	23b. DATE	23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION			
(5	Burial	12-30-87	Morelan	d Memorial Par	k Balt	imore,	Marylar	nd
24 FUI	hn C. Miller,	Inc6415 Be	lair Rd		E REC'D. BY REGISTRAI	255 REGISTS	AR'S SIGNAT	URE

DHMH - 16 60M 7/84 (VRA 15, 4)



				STAT	E OF MARYLAND			. 0
77000		OR TATE	DE		EALTH AND MENTAL HY	GIENE	5 3	2 2
U / / U 8 8 JAN -5	00	REGISTRAR			ICATE OF DEATH	REG. NO		
m 5	1. DECE	ASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH		YEAR 26 HOUR
oy be death		EVERET	T JR.	WIG	GGIND		12 25	87 6:15 PM
4 moy lar, pog after de	3. SEX		4. RACE	S. DATE (6. AGE IN YEARS LAST BIR	THDAY] IF UNDER	R 1 YEAR IF UNDER 24 HRS DAYS HOURS MIN.
ector	/	m	B	11	23 23	64	YRS.	
Page I direct hours	7a. BIRTI	HPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COU	NTRY? 8.	NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF DE	ATH
Bero in 72	M	ARYLAND	US	WIDOW		13 ALTO	CITY	MD.
	10 CITY	OR TOWN OF DEATH	11. NAME OF HOSPITAL, I		OR OTHER INSTITUTION	120. USUAL OCCUPATE		KIND OF BUSINESS OR
of safe	1	3 ALTO.	UNIVERSITY	HOSP. M	IEMS	NON-CAMO.	officer !	15 ARMY
Poor Sin Poor	USUAL 130. STA	RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION, GIVE RESIDENCE NTY	BEFORE ADMISSION)	113d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	7/8	0/8ALISbury
NN 24		ma 100		SBURY	YES NO	319 DelAU	NARE AL	IE my
The state of the s	14/FATH	IER'S NAME FIRST		AST /	15 MOTHER'S MAIDEN N.	AME	0	LACY
uted w	1	EVEREH		9/NS	mobite	Mode	BROW	MA
MORE, a execution on a composition on a composition on a composition on a composition of the composition of	160 WA	S DECEASED EVER IN U.S. AR		L SECURITY NO.	17. INFORMANT .	ADDRE	SS	SALSBURY
IMO nong Poge	(TES.	NO OR UNKNOWN) (IF TES, GIV	127-	12-6894	MINTA WIS	sins 319 p	e/AWAR!	= Ar. md.
, BALT physicia popers. novol	18	CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	nly one cause per line for (a),	(b), and (c).)	4		8	APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH
A ST., BA certificate ng physic bonpope ic event, it			D BY:	dear	Anest			
ON S	7	7281	DUE TO, OR AS A CON	ISEQUENCE OF			,	
deoth deoth control		Conditions, if any, which	(1b) Se	August 1997	nia and be	ptre Sho	ch	
4 4		gave rise to immediate couse (a), stating the	DUE TO, OR AS A CON	ISEQUENCE OF				
W to the state of	-	underlying cause last.	(10)					
2 2 9 9 2 2		ART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	G TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN F	ART 10
RDS, equire then to bu	CERTIFICATION 61		noun ; Adu	Ut Kespe	veloy Destres	· Syndron		
ony prior	A 19	a DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE	FINDINGS USED AUSES OF DEATH?
20 20 0	E L					YES NO	YES 🗌	NO 🗆
physical phy		DE CONTROLLING CAUSE OF DE		H DAY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR	PART 2)
	3 L	(IF EITHER, NOTIFY MEDICAL EXAMINER	7.0		37 collapse	d getting	into_ve	hicle
INSIGN OF PHYSICAL OF PHYSICAL OF PHYSICAL OF THE CERT IN STATE OF THE CERT IN STATE OF THE O	21	14 INJURY OCCURRED	218. PLACE OF INJURY	OFFICE FARM ETC)	211 LOCATION STREET	CITY OR JO	wn col	UNTY STATE
ING PH After th os the I Ith and orked o	_	T WORK AT WORK XX	Shopping	Center	Salisbury	.Wicomico	County.	MRA
O S S S S	22	2s I certify that (I) (this haspi			199/	1 1/1 //	10/	Mot (I) (we) lost
21 of 6		saw the deceased alive on aptive (I) (we) (did) (did no	t ythw the body after death	_190	nd that in (my) (out approfor	1 100 100 100	ate und have when the	covies stated
OR AT	7	76 SIGNATURE	41		DEGREE	THE REPURENT	26 mmm. 11	DATE SIGNED
AL AL Date Orte Dorte LT: It		Hamil 11	Janseewe	- /	PREYSICIAN	DIRECTOR PHYSIC	IAN	140181
SPIT d by Dee Sin	7	HE BHYSICIAN'S NAME ITHE	7		77e ADDRESS	C	- 11	OFMO
TO HOSPITAL Of HOSPITAL Of February 170 FUNERAL IS should be deto with the Store IMPORTANT.		DANIEL S	SCHNEEWE	155	1557.	GREENE	ST U	OF MIJ.
5 5 5 4 3 5	23a BUF	RIAL, CREMATION, REMOVAL		23c NAME OF	CEMETERY OR CREMATORY	23d. LOCATION	COUNT	TY STATE
BP	[599	SURIAL	12-30-87	GREEN	ACRES	SALISH	0 /	icon mid.
DHMH - 16 50M 1/81	24 FUN	ERAL DIRECTOR	-1 1 1	DOES BOX 9	20- mo 250 DA	TE REC'D. BY REGISTRAR	256. BEGISTRAR'S'S	MONATURE
(VRA 15, 4)	J	olled momne it	AL Chapel- K	FH2 St	HISBURY JAN	1 1500		



	STA	TE	OF	M	ARYL	AND)
DEPARTMENT	UE	HE	Al	TH	AMD	MEI	į

7	5	3	5	9
6.3	40			
REG. NO.				

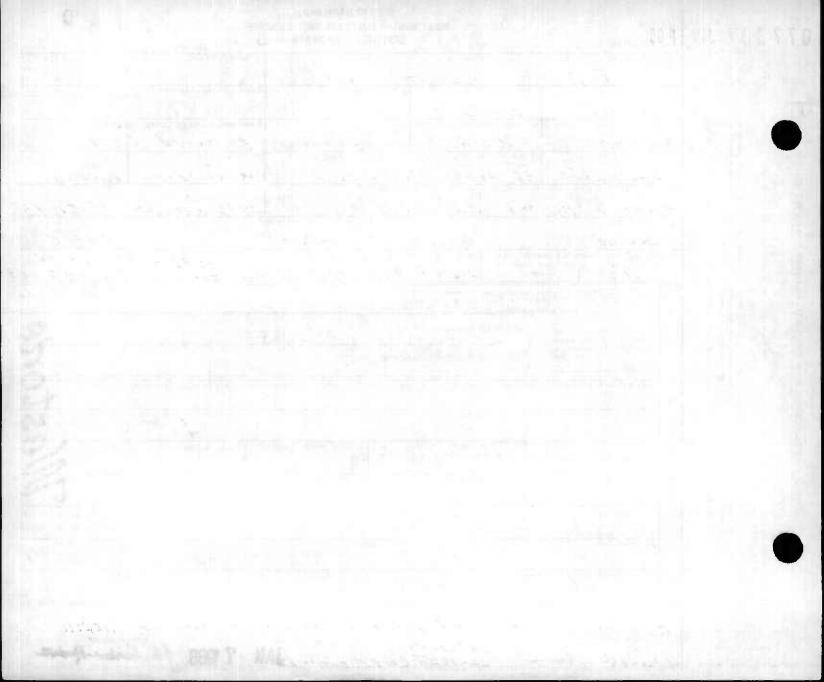
		1-	FOR STATE REGISTRAR	DEP		ICATE OF DEATH	IENE / REG. N	3 3 3	2
590	LE DEC 2	J. DEC	PRINT)	MIDDLE		ast agg(NS	2e. DATE OF DEATH	MONTH DAY	VEAR 26 HOUR 87 12:45 CM
2 0 0	0 0						1.105		
4 3	a fier d	3. SEX		4. RACE	5. DATE C	GAY YEAR	6. AGE (IN YEARS LAST BIR		DAYS HOURS MIN.
o de	ors o		FEMALE	BLACK	-	11/1912	16	YRS.	
4 7	72 ho		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	MARRIE	D NEVERMARRIED	9. BALTIMORE CITY C	OR COUNTY OF DEA	ATM
deot	Tuesday		IRGINIA	USA	WIDOWE		BALTO.		MD.
s ofter	= 18	177	ALTO.	11. NAME OF HOSPITAL, NI (IF NOT IN SUCH FACILITY, GIVE DEATON HOS	STREET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION 126 KIND OF BUSINESS (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY		
24 hour	must be	USU/ 13a. S	AL RESIDENCE (IF NURSING HOME O TATE 136 COU		TOWN	134 INSIDE CITY LIMITS?	13e STREET ADDRESS		ST. 21223
the fee	2 she	14. FA	THER'S NAME			15. MOTHER'S MAIDEN NAM	ME	I DITORD C	
ed w	w X		JAMES BL	ACKWELL LAS	1	FIRST M.		BLACKWEI	LAST
3	dico.			RMED FORCES? 16b. SOCIAL	SECURITY NO.	17 INFORMANT	ADDR	ESS	
9 6	- Poges			/A 229-4	10-4691	ZEPH WIGGI	NS 521 N.	GILMORE	
ificate b	npapers- maval.		PART I. DEATH WAS CAUS	nly one couse per line for (a), (l ED BY: TE CAUSE (a)	PARE	assum.		B£	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
	a carba			DUE TO OR ASIA CONS	SEQUENCE OF	IAL CANCER	DE LITE	1145	12/07
of the de	oy me an ose remaria ather trau	NOI	Canditians, if any, which gave rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONS	1 - 1 - 1	ine invoice	00000	2007	
equires #	Then plea to buriol		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	G TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVEN IN PA	ART Ira
a. a.	t permit.	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	20e AUTOPSY?	20b IF YES, WERE IN CERTIFYING CA	FINDINGS USED AUSES OF DEATH? NO
i. Th	5 6 4	ERT	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	10211	21c. HOW INJURY OCCURR			
IAN Phy			OR CONTRIBUTING CAUSE OF DE						
5 PHYSIC	the burial-t and Mental	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	R) P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, O	FFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	OWN COU	INTY STATE
ENDING Tolor	Health I is mari	-	22a 1 certify that (I) (this hasp	11/10	00	d that in (my) (our) apinion of	to 12	Interned how and tw	, that (I) we lost
ATT	m 2 af		obove, (l) (we) (did) (did n	view the bady after death		DEGREE	ocom occorred on me o		DATE SIGNED
	letoche ite Dep	9.0	Jane !	helan	(/.	ATTENDING L	MEDICAL STA	AFF _	12/21/87
	should be det with the State		THE FIRST CIAN'S NAME (TYPE	RICHADDEN) 10	22e. ADDRESS	GREENE	ST. BA	CTO. MO 2001
0 ge 2	5 8 2 8	23a F	SURIAL, CREMATION, REMOVA	23b. DATE	23c NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	-	
BP_			BURIAL	12/24/87		APTIST CEM	HEATSVI		
DHMH -	16 60M 7/84	24 FI	JNERAL DIRECTOR	ADO	IRESS	25c. DAT	E REC'D. BY REGISTRAR		
	A 15, 4)	LE	EROY O. DYFT	r 4600 LIBER	TY HEI	GHTS AV DE	G 22 1987	1 hear from	ordron. Rundale

	STATE OF MARYLAN
OR .	DEPARTMENT OF HEALTH AND ME
175	DEI ARTMENT OF HEALTH AND ME

NTAL HYGIENE

	3	5	3	
REG	NO			

7687 JAN	11	FOR STATE REGISTRAR	DEPARTA	CERTIFICATE OF DEATH	GIENE 7 REG. NO.	3 0 0
	1. DE	CEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH DE	AY YEAR 26 HOUR
oge 3	(TYP)	FSTHE	P I EONI	A WILES		3 87 0635,
moy pod	3 SE		RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	FUNDER I YEAR FUNDER 24 HRS
oge 4	/	FEMALE	WHITE	2 1.5 00	87 YRS	
orh Poor		COUNTRY	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNTY	2 - /
deoth deoth	1 19	ARYLANA ITY OR TOWN OF DEATH	U. S. A.	WIDOWED DIVORCED DIVORCED DIVORCED	120 USUAL OCCUPATION	12b KIND OF BUSINESS O
by the filed w	1	BALTIMORE 1	ST AGNES /	ADDRESS) TOSPITAL	TYPE OF WORK FOR MOST OF WORKING LIFE	PEMESTIC
filled in solid be	13a.	AL RESIDENCE (IF NURSING HOME OR OT STATE 136, COUNTY ARYLAND HEW!	THER INSTITUTION, GIVE RESIDENCE BEFORE Y ARP ELLICOTT		13e STREET ADDRESS / ZIP CODE 3973 WEAVERS	CT. 2104
mpletely ond 2 st	The second	ATHER'S NAME FIRST ME GEORGE	DDLE GREEN	15. MOTHER'S MAIDEN NA SARAH	AME MIDDLE	CHALK
Poges 3		WAS DECEASED EVER IN U.S. ARMI	PAR OR DATES) 216-07	RITY NO. 17 INFORMANT	ADDRESS 3572-A 10	MT. IDA DR.
physicion physicion npopers. moval.		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	BY O DON 10		ARREST	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
inding carbo		IMMEDIATE	DUE TO, OR AS A CONSEQUE	NCE OF ALL ALO	-	
that the dec by the after case remove al, cremation r other trour		Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE	DAL FAILUR	ND	
equires the signed (Then pleo to burial)	NO	PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIVE	N IN PART 110
on. has been prior ene prior	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED		WERE FINDINGS USED ING CAUSES OF DEATH?
PHYSICIAN: TI ending physici this certificate e burial-transit id Mental Hygi d or Item 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	216 TIME OF INJURY HOUR A.M. MONTH DA	AY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	RT OR PART 2}
PHYSIC inding this cer e burio d Ment	MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY STATE
2 2 2	>	AT WORK NOT WHILE AT WORK	THE STREET PACTORY OFFICE.		NGG 12	()
ATTENDING aspital or of ECTOR: After d for use as t d for use as t m 21 is marke		22a I certify that (I) (this hospital saw the deceased alive on	DEC 13 19 8		death occurred on the date and hour	9
0 E 0 0 0		obove, (1) (we) (did) (did not): 22b. SIGNATURE	view the body after death.	DEGREE		
The state of The s		Otean	C wendy,		MEDICAL STAFF DIRECTOR PHYSICIAN	13 DEC 8
HOSI FUN Suld b		OS CASR (MENDEZ,	M.D GOO CATON	AVE, BALTIM	OFE, LUD 210
	230	(SPECIFY)		NAME OF CEMETERY OR CREMATORY	23d LOCATION SULVERTOWN	COMPY
BP	24.5	SURIAL DIRECTOR	18 DEC 87 L	THE VIEW MEM. P.	TE DECID BY DEGISTED AD 15 DEGISTE	STREOLL II
DHMH - 16 60M 7/84 (VRA 15, 4)	1	Livallus Street	L SLACKORES	CITY IND. 21045	AN 7 1988 Julius	WIGHT PRINCE



77436 JAN -7	8	FOR STATE		DEPART	MENT OF H	EALTH AND MENTAL H	rGIENE 7	3 5	3 6	1, -
		REGISTRAR CEASEDNAME FIRST		MIDDLE		AST OF DEATH	20 DATE OF DEA		DAY YEAR	26 HOUR
oy be		Deatha		ie	Well	rela		-	28 81	1545 A
tor. p	3 SE	x Femole	4. RACE		S. DATE O	F BIRTH	6 AGE IN YEARS I	(AST BIRTHDAY)	MONTHS DATS	
neral direc	7a. B	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY	? 8 MARRIED WIDOWE	NEVER MARRIED	9. BALTIMORE C	TITY OR COUNT	OF DEATH	
oy the fu	10. C	Balla		HOSPITAL, NURS CHEACHLITY, GIVE STREE	NG HOME O	ROTHER INSTITUTION	120. USUAL OCC (TYPE OF WORK FOR: Superv	MOST OF WORKING LI	FEI INDUSTRY	of BUSINESS inting
ND 21201 24 hours filled in by wid be file	USU 13a.	AL RESIDENCE (IF NURSING HOASTATE 13). C	ME OR OTHER INSTITUTION OUNTY	GIVE RESIDENCE BEFO		136 INSIDE CITY LIMITS?	13e STREET ADD		E	21212
BALTIMORE, MARYLAND cote be executed within 24 ysicion and completely filler opers. Pages 1 and 2 shauld wol. tt, the medical examiner mus	14. F.	ATHER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN N	IAME	DDLE O		AST
E, M.	16a \	VAS DECEASED EVER IN U.S	illiam Sc	neer	HRITY NO	17 INFORMANT		ADDRESS		
TIMOR be exe S. Page			S, GIVE WAR OR DATES)	220 0		Mr. Robert	H. Young	306 Tu	nbridge	
		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA	USED BY:	r lipa for (0), (b), o	10	assect	2		APPRO BETWEEN	XIMATE INTERVAL ONSET AND DEA
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., NG PHYSICIAN: The law reaction the dieth certificate has been experiently entireding phase the british permit. The hand Mental Hygiene prior to the hand Mental Hygiene prior to the mental shows any ritury, as other treatmentice, or removined or fem. 18 shows any ritury, as other treatmentice every		Conditions, if any, which		R AS A CONSEON	JENCE OF)	lendon				
I W. PR.		gave rise to immediate couse (a), stating the underlying cause last	DUFTO	R AS A CONSEON	JENCE OF					
RDS, 201	NO	PART 2 OTHER SIGNIFICA	NT CONDITIONS C	ONTRIBUTING	DEATH BUT	NOT RELATED TO THE TER	RMINAL DISEASE OR	CONDITION GIV	EN IN PART 1	10
TAL RECO	CERTIFICATION	19a DATE OF OPERATION	196 COND	ITION FOR WHIC	H OPERATION	WAS PERFORMED	YES NO	COUNT IN CERTI	S, WERE FIND FYING CAUSE ES []	
ON OF VITA NYSICIAN: The ding physicial physicial sertificate buriol-tronsit Mentol Hygin or frem 18 sh		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O	FDEATH HOUR A	OF INJURY .M. MONTH (DAY YEAR	21¢ HOW INJURY OCCU	IRRED (ENTER NATURE C	OF INJURY IN ITEM 18	PART I OR PART ?]	
IVISION UG PHYS offending ter this girth burns s the burn h ond Me	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY REET, FACTORY, OFFICE		211 LOCATION STREET	City	ORTOWN	COUNTY	STATE
TTENDIN pitol or TOR: Af for use of for use of the oft!		220.1 certify that (1) (this h saw the deceased alive above, (1) (we) (did) (die	00 12	10	¥], an	d that in (my) (aur) apinio	, 10	25 the date and hou	19 87	, that (I) (we)
FALOR A yy the hos RAL DIREC detached ote Dept.		276. SIGNATURE	No 1.	hand	- 11	PEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR DP	STAFF HYSICIAN	22c. DATI	ESIGNED 28/ FZ
HOSPII bined b FUNEF ould be th the St	1	220. PHYSICIAN'S NAME IT	YPE OR PRINT)	hand	_	22e ADDRESS	altime	_	el Ho	Rith
Of Share of	23a	BURIAL, CREMATION, REMO			NAME OF CE	METERY OR CREMATORY		1	COUNTY	STATE
BP		Burial	12/31	/87	Lorra	ine Park Cem		more. M		JAKIE.

12/31/87

MITCHELL-WIEDEFELD HOME, INC.

DHMH - 16 60M 7/B4 (VRA 15, 4)

24. FUNERAL DIRECTOR

6500 York Rd.

Lorraine Park Cem.

STATE OF MARYLAND

250 DATE REGID. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Baltimore, Md.

126. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

that (I) (we) last

13 VT 124 U.S. AV

risl

rri

illis conc

or ein or altiore,

onest and state of the state of

Balto.,

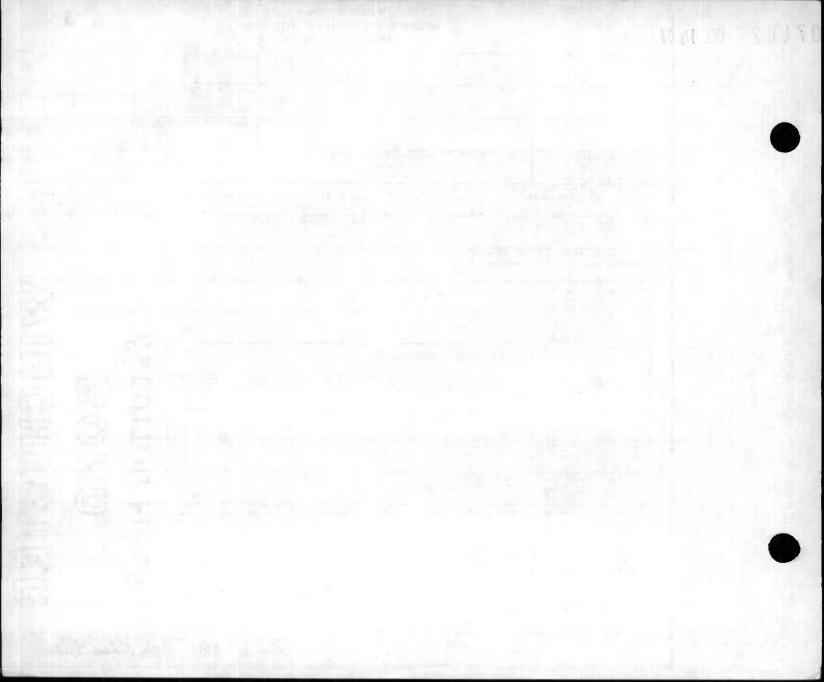
24 FUNERAL DIRECTOR

State Anatomy Board

DHMH - 16 50M 1/81

(VRA 15, 4)

STATE OF MARYLAND



12/10/87

Funeral Tome PA 1407 Old Eastern Ave

DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Meadowridge Memorial Fk. Howard Co., Man.

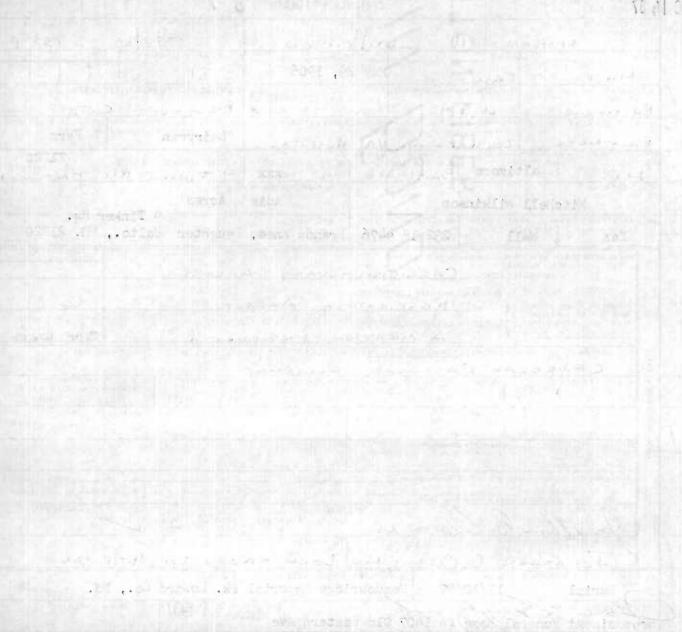
2122

250 DATE BEC'A BY RE198 AR 250 REGISTRAR'S SIGNATURE

335 PM

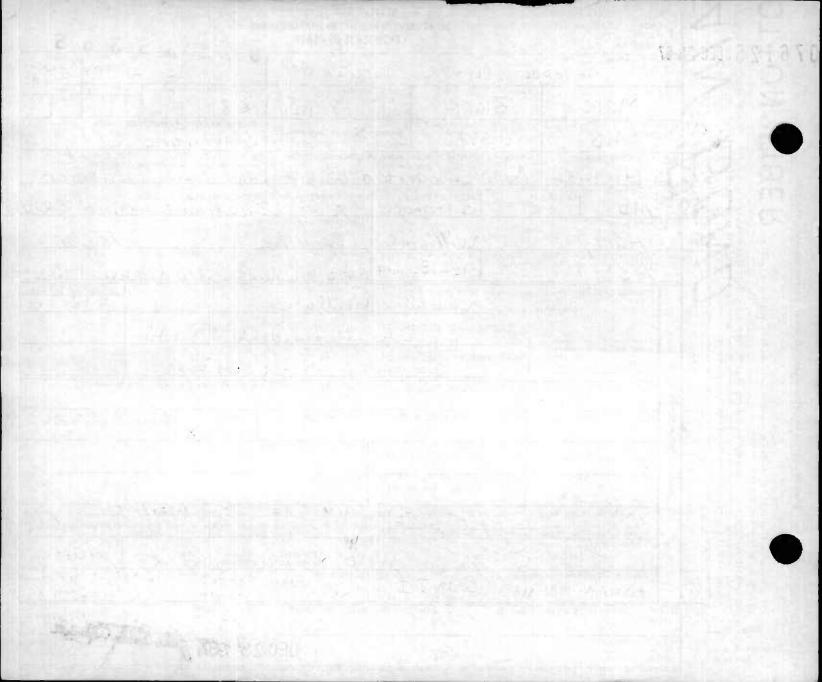
STATE

IF UNDER 24 HRS



n	7	G	1	2	5	1)EC
	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201		TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours often death. Page 4 may be	retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 CM	should be detected for uses the burnel-tronsit permit. Then pleese removes corbon pages? Pages I and 2 should be filed within 72 hours offer death	With the Stole Copi. Of recoils on westign stydione proof to control, or entration, or entration and the medical examines must be seen that of or other troumatic event, the medical examines must be seen to detail once.

	1				STATE OF MARYLAND	the second of the second	and the same of th
		1	FOR	DEPARTM	ENT OF HEALTH AND MENTAL HYG	IENE	
		1 -	STATE REGISTRAR		CERTIFICATE OF DEATH	050 NO	7 7 6 5
1 7 5 DEC	24	17	EASED NAME FIRST	MIDDLE	LAST	REG. NO.	NTH DAY YEAR 26 HOUR
÷3			BENED	ICT CLAVER	WILLIAMS	12	21 1989 510
poge 3	2	SEX		4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHD	77777
4 m for, r	3	. SEX	Malo.	Black	MONTH DAY YEAR	63	MONTHS DAYS HOURS MIN.
Joge ours	1	n RID	THPLACE (STATE OR FOREIGN	7b. CITIZEN OF WHAT COUNTRY?	08 07 1924	9. BALTIMORE CITY OR C	YRS TOUNTY OF DEATH
= 54 /2	2	CO	DUNTRY)	USA	MARRIED NEVER MARRIED	7.115	as City
deo deo	5.	O CIT	Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING	WIDOWED DIVORCED DIVORCED	120. USUAL OCCUPATION	
s ofter sy the sled wit	5	B	altimore	1900 SGM		(TYPE OF WORK FOR MOST OF W	ORKING LIFE) INDUSTRY
lin b		JaUA 3a. S		ROTHER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION)		
filled ould	2	34. 3	MD	isaltime		13e STREET ADDRESS / Z	worth Aue 21212
tely 2 sh	1	4. FA	HER'S NAME		15. MOTHER'S MAIDEN NA		
mplet ond	20		Harry	MIDDLE WILLIAM CAR	ns Caroling	WIDOLE	Taillor
5 0	1	6a W	AS DECEASED EVER IN U.S. AR		RITY NO. 17. INFORMANT	ADDRESS	
Poges 1		{YI	SHOOR UNKNOWN) (IF YES, GIV	212 - 28_	0417 Agnes 11/1/10	ms 5210	Kenniluntth Age
te bi	F	-		nly one couse per line for (a) (b) and	1(0)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
phys phys noon vent,				nly one couse per line for (a), (b), and ED BY:	lar Fibrillation		3 /2 hrs
rent rbor r ren			IMMEDIA	TE CAOSE (O)			
tend e co on, o			Conditions, if ony, which	DUE TO, OR AS A CONSEQUE	able Myscard	ial Infan	chion
e de or			gove rise to immediate	(6)	The state of the s	200	
by th sse re , cren			couse (o), stating the underlying couse last.	DUE TO, OR AS A CONSEQUE	NCE OF ronary Arter	Driege	P
s the			DARK OF OTHER STOWNERS AND THE	(c)		1013000	
a sign Then to bu		CERTIFICATION	NON E		BEATH BUT NO RELATED TO THE TERM	IN AL DISEASE OR CONDII	ION GIVEN IN PART Tro
bee mit. prio		CAT	% DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED		Ob. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
he lion.	\times					YES NO	YES NO
N. T. T. Trops of the street		E	210 ACCIDENT WAS UNDERLYING		21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY II	STEM 18 PART I OR PART 2)
ICIA g ph g ph errifi iol-tr intol	7	¥ I	OR CONTRIBUTING CAUSE OF DEA	AIR	19		
his c bur d Me	1	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
otte otte otte otte or or or or or or or or or or or or or		2	WHILE NOT WHILE AT WORK	TAT HOME, STREET, FRETOKT, OFFICE, TA	5000, 111.7		
ADIN OF OF SE OF S			22a 1 certify that (I) (this hospi	10 / - /	200 am 12/21/ 1987	_, to 5 Pau 12/	21/, 1987, that (I) (we) lost
TTEP pitol TOS for u			sow the deceased alive on	n 2 / 2 / 19 19 19 19 19 19 19 19 19 19 19 19 19	7. ond that in (my) (our) opinion (deoth occurred on the dote	
hos hos hos hed hed ept.		80	226. SIGNATURE	1 '	DEGREE		121. DATE SIGNED 600
A 0 0 4	- 1	8	Lowan	June	MD ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	
HOSPITA ned by FUNERA old be de			22d. PHYSICIAN'S NAME (TYPE C	OR PRINT)	120 ADDRESS Good	Samaritan +	
etoined by the Found by the Store of the Sto			HONAN AL	LNUS CAM+		ch Raven Bl	
5 # 5 # ¥			JRIAL, CREMATION, REMOVAL	23b. DATE 23c N	IAME OF CEMETERY OR CREMATORY	23d. LOCATION	
BP		(5	BURIAL BURIAL	12/26/87 DUL	ANEY VALLEY CEMETERY	TOWSON.	COUNTY
			NERAL DIRECTOR		250 DAT	E REC.D. BY RECONTRACTOR	A Design of the Control of the Contr
DHMH - 16 60M 7/8 (VRA 15, 4)	4	W	1. C. MARCH F/H, I	NC. 1101 E. NORTH'S AN	VENUE ULEC	23 1984	
,	F	-					



THELMA DEFFERSON 504 MT HOL BETWEEN ONSET AND DEA PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIO 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [YES [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) COUNTY STATE that (I) (we) lost and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated 22c. DATE SIGNED should be detor DIRECTOR PHYSICIAN IMPORTANT: 224 PHYSICIAN'S NAME 22e ADDRESS TYPE OF PRINT DMME 250. DATE REC'D. BY REGISTRAR 351, REGISTRAR'S SIGNATURE **EUNERAL DIRECTOR**

STATE OF MARYLAND

DAY

YEAR

IF UNDER 1 YEAR

INDUSTRY

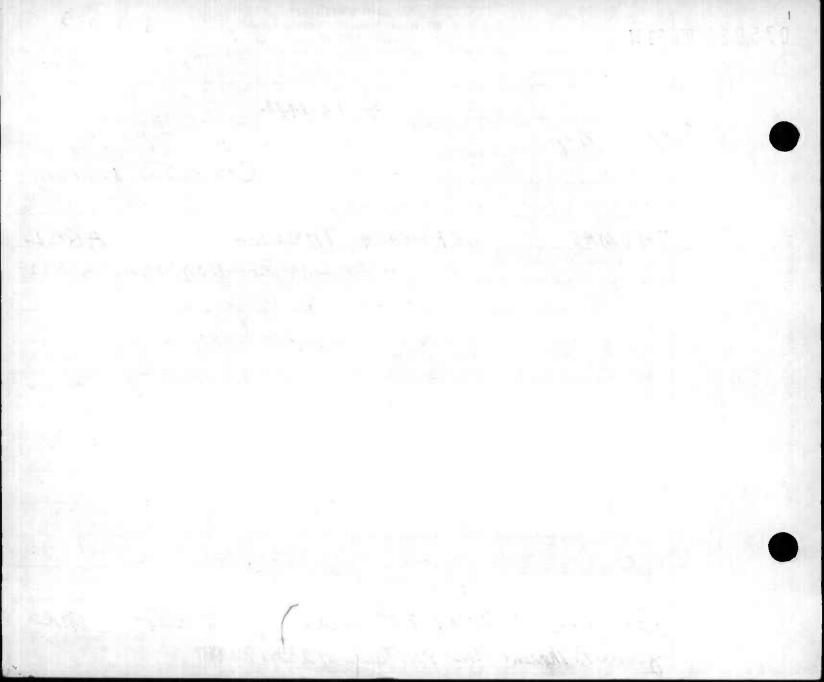
26 HOUR

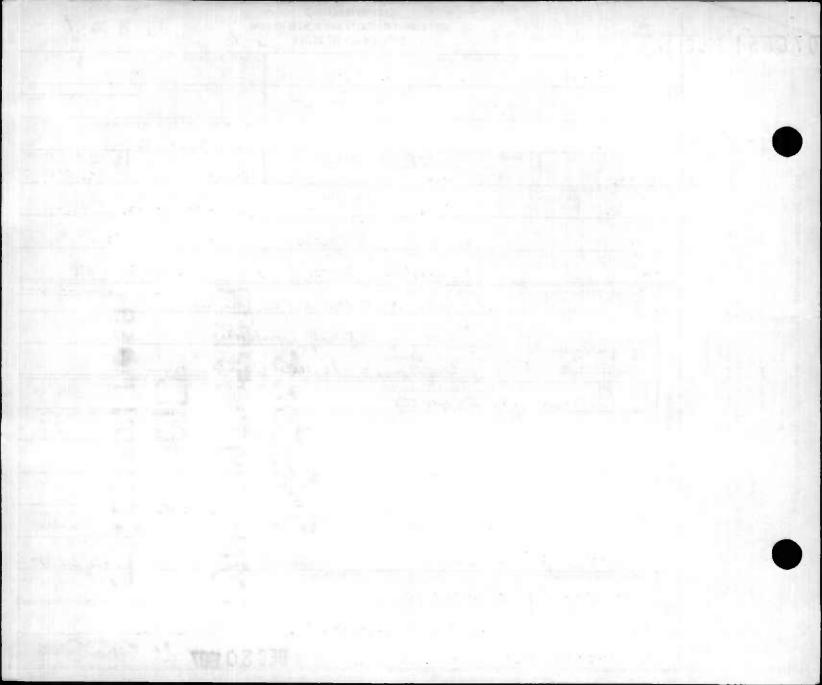
12b. KIND OF BUSINESS OR

IF UNDER 24 HRS

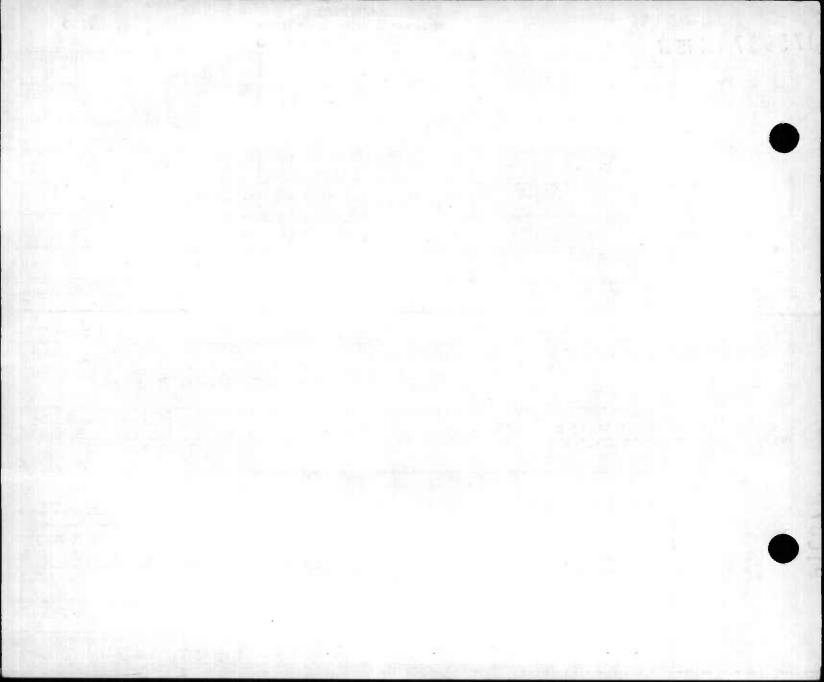
DHMH - 16 50M 1/81 (VRA 15, 4)

BP





STATE OF MARYLAND



FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1.9	2.00	3	
	3	9	
REG NO			

1	. 67	REGISTRAR		CERTIF	ICATE OF DE	ATH	8 / REG. N) J	9 0	
		CEASED NAME PIRST OR PRINT)	Mild	REP (Villi	AMS	20. DATE OF DEATH	MONTH E	7 87	6 P. M
	3. SEX	F	RACE BV	S. DATE C		67	6. AGE (IN YEARS LAST BE		IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
100	11	Varyland	6. CITIZEN OF WHAT COUNT	TRY? 8 MARRIEI WIDOWE	D NEVER MA	RRIED	BALTIMORE CITY	ene Ces	OF DEATH	MD.
	IE CI	alhinere	1. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACTUTY, GIVES 2. DEATON		or other instit	cal Center	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST) DISCUSSOR			F BUSINESS OR
7	130	L RESIDENCE IF NURSING HOME OR O		BEFORE ADMISSION)	puls.	40 🗆	130 STREET ADDRESS	/ ZIP CODE	1ver	229 St
1	14. FA	THERISMAME THET MOSES "	Bris Co	ne	15. MOTHER'S /	NAIDEN NAM	WIDDLE		Hawk	lins
2000		/AS DECEASED EVER IN U.S. ARN ES, NO ORUNKNOWN] (IF YES, GIVE	NED FORCES? 166. SOCIALS WAR OR DATES] 217-12	-852/	Mary.	E. Hol	1/4 128		ulver	- st
		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	BY.	un	ninge	nofe	w		BET WEEN O	MATE INTERVAL INSET AND DEATH
		Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONS	EQUENCE OF	un th	acce	eur_			
	NO	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING	~	NOT RELATED T	O THE TERMIN	NAL DISEASE OR CON	IDITION GIVI	EN IN PART 110	
1	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WH	HICH OPERATION	N WAS PERFOR!	MED	200 AUTOPSY?	IN CERTIF	, WERE FINDIN YING CAUSES	
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH	DAY YEAR	21c. HOW INJU	IRY OCCURRE	D (ENTER NATURE OF INJU	JRY IN ITEM 18 PA	ART L OR PART 2]	
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC)	211 LOCATION STREET		CITY OR TO	OWN	COUNTY	STATE
		220.1 certify that (I) (this haspite saw the deceased alive on above, (I) (we) (did) (did not)	12-7	(/)	29 d that in (my) (a	19 Yu ur) opinion de	eoth occurred on the d	ote and hour		hot (I) (we) lost ouses stated
		276. SIGNATUS HOLE	gtrou	~ ~	PH	ENDING	MEDICAL STA		12 DATE S	
		226. PHYSICIAN'S NAME (1946 DE	Lowers		22e. ADDRESS	2. Cho	ren g	212	30	
	23e. B	URIAL, CREMATION, REMOVAL SPECIFY) Burial	23b. DATE 12/12/87	23c NAME OF C	emetery or tr emorial		Randa 11	stown	COUNTY	Mď
	24. FU	NERAL DIRECTOR	12/12/0/	King th	21101 141		REC'D. BY REGISTRAR		RAR'S SIGNATU	JRE

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

Wm. C. March F/H West 4300 Wabash Avenue

Julia Divideon Rondallo

Marine Same Sall MARIA AND ON A STATE OF Colored Service Service Michael Company Co the state of the s The second of the second of the second

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physicion.	10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filled within 72 haurs after death with the State Dept of Health and Mental Hygiene prior to burial, cremotion, or removal.
	TO HOS	should b

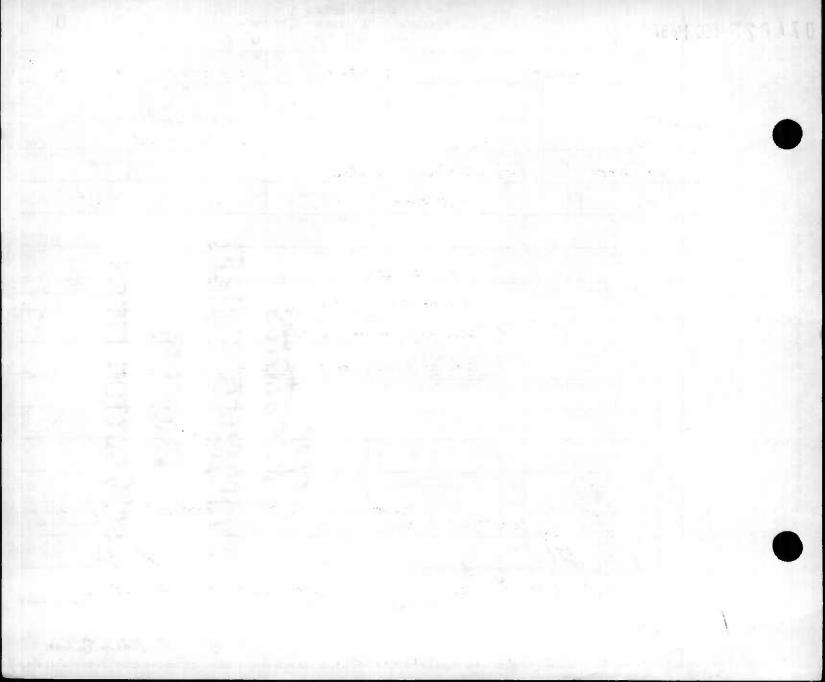
074825

L1 B	FOR			'E OF MARYLAND HEALTH AND MENTAL HYG	ENE	3 5	3 7	0
eti 6	REGISTRAR		CERTII	FICATE OF DEATH	B / REG. NO			
	CEASED NAME FIRST	MIDDL	E	LAST	The Drive of Deriving	MONTH DAY	YEAR	2b. HOUR
	Norma			TLLIAMS	December			12:21
3. SE	X	4 RACE	S. DATE (OF BIRTH H DAY YEAR	6 AGE (IN YEARS LAST BIRT		UNDER I YEAR	HOURS MIN
	M	В	1	1 12	75	YRS		
7a. BI	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHA	AT COUNTRY? 8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OF		FDEATH	
)	MD.	U.S.			Baltimore			A
	Baltimore	HE NOT IN SUCH FAC	PITAL, NURSING HOME (CHITY, GIVE STREET ADDRESS) A General Ho		128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF		126 KIND C INDUSTRY	OF BUSINESS (
13a S	AL RESIDENCE (IF NURSING HOME OF STATE 136 COU	DR OTHER INSTITUTION GIVE	RESIDENCE BEFORE ADMISSION) CITY OR TOWN ALTIMORF:	13d. INSIDE CITY LIMITS?	130 STREET ADDRESS /	ZIP CODE		201
14 FA	ATHER'S NAME FIRST	MIDDLE	LAST	15 MOTHER'S MAIDEN NAM		St. Add to a harmed all	LAS	
	WAS DECEASED EVER IN U.S. A. YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	SOCIAL SECURITY NO.	17 INFORMANT	ADDRE	SS	et.	
	18 CAUSE OF DEATH (Enter of			1V			APPROX	MATE INTERVAL
	PART I. DEATH WAS CAUS		ram negative	sepsis				
	Conditions, if ony, which gove rise to immediate couse (a), stating the	\int (b) G	A CONSEQUENCE OF ram negative A CONSEQUENCE OF	e pneumonia				
FICATION	gave rise to immediate cause (a), stating the underlying cause last.	(b) G. DUE TO, OR AS (c) M CONDITIONS CONT	ram negative ACONSEQUENCE OF etastatic pa	ancreatic carc	200 AUTOPSY?	20b. IF YES, VIN CERTIFYIN	VERE FINDI	NGS USED OF DEATH?
ERTIFICATION	gove rise to immediate couse (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION	(c) MI CONDITIONS CONT	ram negative A CONSEQUENCE OF etastatic pa RIBUTING TO DEATH BU N FOR WHICH OPERATIO	ANCREATIC CARC	200 AUTOPSY? YES \(\text{NO \(\text{X} \) \\	20b. IF YES, V IN CERTIFYIN YES [VERE FINDING CAUSES	NGS USED
CERT	gove rise to immediate couse (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	DUE TO, OR AS (c) M CONDITIONS CONT 196. CONDITIO 216. TIME OF IN HOUR A.M.	ram negative A CONSEQUENCE OF etastatic pa RIBUTING TO DEATH BU N FOR WHICH OPERATIO JURY MONTH DAY YEAR	Ancreatic carc	200 AUTOPSY? YES \(\text{NO \(\text{X} \) \text{X}	20b. IF YES, V IN CERTIFYIN YES [VERE FINDING CAUSES	NGS USED OF DEATH?
CERT	gove rise to immediate couse (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DIESENTER NOTIFY MEDICAL EXAMIN	DUE TO, OR AS (c) M CONDITIONS CONT 196. CONDITIO 216. TIME OF IN HOUR A.M. P.M.	ram negative A CONSEQUENCE OF etastatic pa RIBUTING TO DEATH BU N FOR WHICH OPERATION JURY MONTH DAY YEAR 19	ANCTEATIC CATC	200 AUTOPSY? YES \(\text{NO \(\text{X} \) \text{X}	20b. IF YES, V IN CERTIFYIN YES [VERE FINDING CAUSES	NGS USED OF DEATH?
MEDICAL CERTIFICATION	gove rise to immediate couse (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D IS ETHER NOTIFY MEDICAL EXAMIN 21d. IN JURY OCCURRED WHILE AT WORK AT WORK	DUE TO, OR AS (c) M CONDITIONS CONT 196. CONDITIO 216. TIME OF IN HOUR A.M. ER) P.M. 216. PLACE OF I (AT HOME, STREET, I	ram negative A CONSEQUENCE OF etastatic pa RIBUTING TO DEATH BUT N FOR WHICH OPERATION JURY MONTH DAY YEAR 19 NJURY FACTORY, OFFICE, FARM, ETC.)	T NOT RELATED TO THE TERM ON WAS PERFORMED 216 HOW INJURY OCCURR 216 LOCATION STREET	200 AUTOPSY? YES NO XX ED (ENTER NATURE OF INJUR	206. IF YES, V IN CERTIFYIN YES (YES (VERE FINDING CAUSES I OR PART 21	NGS USED OF DEATH? NO
CERT	gove rise to immediate couse (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DIESTIFE NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE AT WORK AT WORK 22a.1 certify that Mr. (this has)	DUE TO, OR AS (c) M CONDITIONS CONT 196 CONDITIO 216 TIME OF IN HOUR A.M. ER) P.M. 216 PLACE OF I (AT HOME STREET.)	ram negative A CONSEQUENCE OF etastatic pa RIBUTING TO DEATH BU N FOR WHICH OPERATION JURY MONTH DAY YEAR 19 NJURY FACTORY, OFFICE, FARM, ETC.) eccessed from Decement	T NOT RELATED TO THE TERM ON WAS PERFORMED 216 HOW INJURY OCCURR 216 LOCATION STREET	200 AUTOPSY? YES NO XX ED (ENTER NATURE OF INJUR CITY OR TOV	20b. IF YES, VIN CERTIFYIN YES [VERE FINDING CAUSES I OR PART 21 COUNTY	NGS USED OF DEATH? NO STATE
CERT	gove rise to immediate couse (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D LIFE ETHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOTIFY ME	DUE TO, OR AS (c) Mo CONDITIONS CONT 19b. CONDITIO 21b. TIME OF IN HOUR A.M. ER) P.M. 21e PLACE OF I (AT HOME STREET, I	ram negative A CONSEQUENCE OF etastatic pa RIBUTING TO DEATH BU N FOR WHICH OPERATION JURY MONTH DAY YEAR 19 NJURY FACTORY, OFFICE, FARM, ETC.) RECOSED FROM DECEM T 7 19 87	INOT RELATED TO THE TERM INOT RELATED TO TH	200 AUTOPSY? YES NO XX ED (ENTER NATURE OF INJUR CITY OR TOV	20b. IF YES, VIN CERTIFYIN YES [VERE FINDING CAUSES I OR PART 21 COUNTY 87	NGS USED OF DEATH? NO STATE
CERT	gove rise to immediate couse (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DIFFERENCE OF DIFFERENCE OF CONTRIBUTING CAUSE OF	DUE TO, OR AS (c) Mo CONDITIONS CONT 19b. CONDITIO 21b. TIME OF IN HOUR A.M. ER) P.M. 21e PLACE OF I (AT HOME STREET, I	ram negative A CONSEQUENCE OF etastatic pa RIBUTING TO DEATH BU N FOR WHICH OPERATION JURY MONTH DAY YEAR 19 NJURY FACTORY, OFFICE, FARM, ETC.) RECOSED FROM DECEM T 7 19 87	T NOT RELATED TO THE TERM TNOT RELATED TO THE TERM TNOT RELATED TO THE TERM TO WAS PERFORMED THE LOCATION STREET Therefor The Property of The Property of Terms	200 AUTOPSY? YES NO XX ED (ENTER NATURE OF INJUR CITY OR TOV	20b. IF YES, VIN CERTIFYIN YES [VIN ITEM IS PART	VERE FINDING CAUSES I OR PART 21 COUNTY	NGS USED OF DEATH? NO STATE
CERT	gove rise to immediate couse (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DIE ETHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE AT WORK AT WORK 22a. I certify that (this has sow the deceased alive a above, processed of the control of the contro	DUE TO, OR AS (c) Mi CONDITIONS CONT 19b. CONDITIO 21b. TIME OF IN HOUR A.M. P.M. 21e PLACE OF I (AT HOME STREET.) pital) oftended the de	ram negative A CONSEQUENCE OF etastatic pa RIBUTING TO DEATH BUT N FOR WHICH OPERATION JURY MONTH DAY YEAR 19 NJURY FACTORY, OFFICE, FARM, ETC.) Execosed from Decen T 7 19 87 o	T NOT RELATED TO THE TERM TNOT RELATED TO THE TERM TO WAS PERFORMED THE LOCATION STREET THE LOCATION OUT OPINION OF DEGREE ATTENDING PHYSICIAN [22e. ADDRESS]	200 AUTOPSY? YES NO XX ED (ENTER NATURE OF INJUR CITY OR TOV To December to the do MEDICAL STAF	20b. IF YES, VIN CERTIFYIN YES [VIN ITEM IS PART	COUNTY 87 nd from the	NGS USED OF DEATH? NO STATE

Balto.

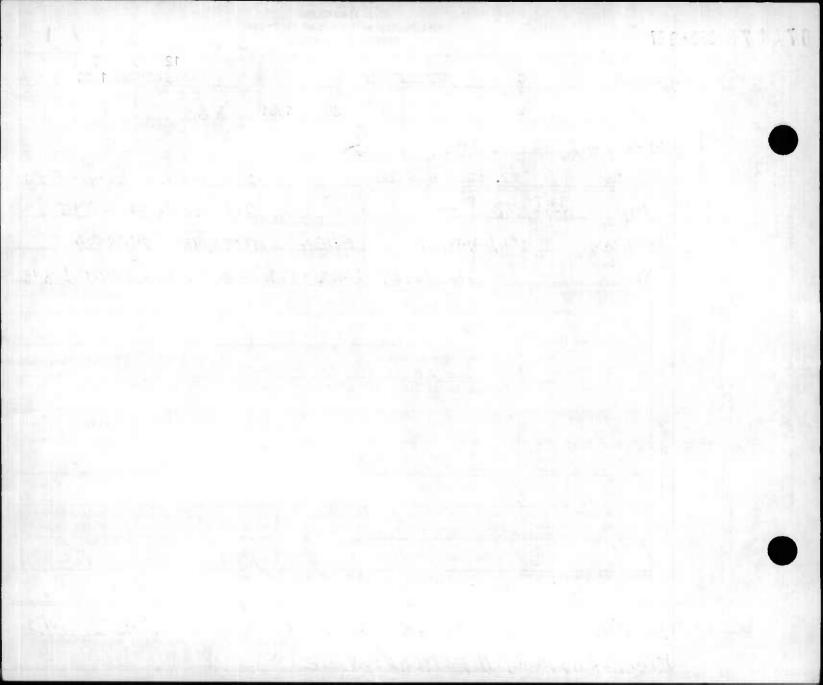
Md

DHMH - 16 60M 7/84 (VRA 15, 4) State Anatomy Board



FUNERAL DIRECTOR

DHMH - 16 50M 1/81 (VRA 15, 4)



death. Page 4 may be

ute be executed within 24 hours ofter

	STA	TE	OF	M	ARY	LAN	D

JIAIL OF MARILAND	
DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	50

	7	REG. N	10.3	5	3	7	2
ATE	OF	DEATH	MONTH	DAY	YEAR		26 HOL

	- STATE REGISTRAR					CERTIF	ICATE OF DEATH	8 /	REG. N	0.3	5 5	12
AN L	PECHASED NAM	FIRST		MIDDLE		l l	AST	20. DATE O	FDEATH	MONTH	DAY YEAR	2b. HOUR
	Le & Own	GRACI	E	Ε.		WIL	LIS	Dece	ember	31,	1987	5:00
3 :	SEX		4. RACE			5. DATE C		6. AGE (IN	YEARS LAST BIR	THDAY)	IF UNDER 1 YEAR	IF UNDER 24 H
	Femal	.e	180	White		11	26 1910	7	77	YRS.	MONTHS	HOURS
7a	BIRTHPLACE 1	TATE OR FOREIGN	7b. CITIZE	N OF WHAT C	OUNTRY?	8.	D NEVER MARRIED	9. BALTIMO	RE CITY O	R COUNT	Y OF DEATH	
1	Marylar	nd	U.	S.A.		WIDOWE		Baltimore City				
10	CITY OR TOWN	OF DEATH		E OF HOSPITA			OR OTHER INSTITUTION	120. USUAL OCCUPATION 12b. KIND OF BUSINES				
4	Baltin	ore	612	22 Alt	a Av	enue	21206	Home	make	r		Home
	OL STATE Md	13b. CC		13c. CIT	DENCE BEFORE YOR TOW	N	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 6122 Alta Ave. 2120			206	
14.	FATHER'S NAME	-					15. MOTHER'S MAIDEN NA					
2	Frank		Ezra	I	itma	n	Ella	Ma	MIDDLE MIDDLE		Smelt	zer
160	. WAS DECEASE				CIAL SECU	RITY NO.	17. INFORMANT		ADDRE	SS ₂ C	hancer	v Sa
/ 160	(YES, NO OR UNKNO	OWN) IF YES	GIVE WAR OR DA	213	3-10-	0858	D Robert I	F. Wil			to.Md.	21218
		F DEATH (Ente	only one cou				1					(IMATE INTERVA ONSET AND DE
	PART I. D	ATH WAS CAL	JSED BY:	Mark.	astat		Ca of the eil	-0				80 - 8
Z		ER SIGNIFICA	NT CONDITIO	NS CONTRIBL	JTING TO E	DE ATH BUT	NOT RELATED TO THE TER	MINAL DISEA	SE OR CON	DITION GI	VEN IN PART 1	(a·
	19a. DATE OF	OPERATION	19b C	CONDITION F	OR WHICH	OPERATIO	ON WAS PERFORMED	20a AUT YES □	OPSY?	IN CERT	S, WERE FIND IFYING CAUSE ES	
	21a. ACCIDENT	WAS UNDERLYING		IME OF INJUR			21c. HOW INJURY OCCU					
1 0	OR CONTRACTOR	NG CAUSE OF	DEATH	JR A.M. MO	ONTH DA	Y YEAR						
7	21d INJURY		21e. P	LACE OF INJU			21f LOCATION		CITY OR TO)WN	COUNTY	STAT
3	WHILE AT WORK	NOT WHILE	{AT HC	OME STREET, FACT	ORY, OFFICE, F	ARM, ETC)	SIRCEI		CITORIC		230	3101
	saw the	that (1) (this he deceased alive) (we) (did) (did	on	Dec	19	-	nd that in (my) (aur) opiniar	, to	ed an the d	ate and ha		that (1) (we couses state
	226. SIGNAT		PMA	body after de	eatn.		DEGREE	MEDICAL	STA	FF	22c. DAT	E SIGNED
	and pulyered	AN'S NAME (T)		07 -			PHYSICIAN 22e ADDRESS	DIRECTO	₹ L PHYSK	CIAN	-1	1.0
1		. Lee	1.0	ns mo			1205 Yorl	k Road	£			
23	BURIAL, CREM	ATION, REMOV				AME OF	CEMETERY OR CREMATORY	23d LOC	ATION TY OR TOWN		COUNTY	STAT
	(SPECIFY) Bu	rial	1-4	1-1988	Lo	rrai	ne Mausoleu	IM WOO	Welbe	n, B	alto.	. bM
24	FUNERAL DIREC	TOR			4		Versile Del 250. DA	TE REC'D. BY	REGISTRAR	25h. REGIS	TRAR'S SIGNA	HURE de CO.
	Heñry	W. Jer	nkins	& Son	S B	alto	.21212	N 5	1988	CASSIGN.	Catalata,	

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital ar attending physician. FOR

(VR A15 ME (5))

Duda Ruck , Inc.

ADDRESS 7922 Wise Ave,

DHMH - 16 50M 1/81 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	1 - ST RE		DEPARTA		EALTH AND MENTAL HYG	IENE 7 REG NO.	5 3 7 4
3	DECEA	SED NAME FIRST	MIDOLE	ı	AST	20. DATE OF DEATH MONTH	OAY YEAR 26 HOUR
	(TYPE OR P	ROSI	E CAHERINE	W	ILSON	DECEMBER 19	9, 1987 5:17 P
	3. SEX		4. RACE	S. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
	Fe	emale	White	2	- 19 - 1912	75 YE	
-	7s. BIRTH	PLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	II. MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR COU	NTY OF DEATH
1		Ttaly	U.S.A.	WIDOWE	DIVORCED	BALTIMORE	
2	10 CITY C	OR TOWN OF DEATH	 NAME OF HOSPITAL, NURSIN HE NOT IN SUCH FACILITY, GIVE STREET. 		OR OTHER INSTITUTION	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	12b. KIND OF BUSINESS OR INDUSTRY
2		ALTIMORE			S HOSPITAL	Homemaker	Home
1	13a. STA1	TE 136 COUR		N	134. INSIDE CITY LIMITS?	13e. STREET ADDRESS	Brite Mix
-		yland ER'S NAME	Baltimo	re	YES NO	3048000N	WILLST. ZIZZ4
1	P	FIRST	MIDDLE 1 1/49	1 -	A FIRST /	WIDDLE	LAST .
100	IAN WAS	DECEASED EVER IN U.S. AR	MED FORCES? 1166. SOCIAL SECU	RITY NO	17. INFORMANT	ADDRESS _ c	THUNIANI
1			Z WAR OR DATES) 2/4-05-03	11-D	MacThene	SA Page Ro	STULLE 14d 2020
9	10	CAUSE OF DEATH (Fater of	nly one couse per line for (o), (b), one		1/1/03 1/1: 900	1. 11-9 - 160	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
П	1	PART I. DEATH WAS CAUSE	TE CAUSE (0) Respirate	Lo	arrest		o min
		IMMEDIA					
	C	onditions, if ony, which	DUE TO, OR AS A SONSEQUE		ton Distress	s Sud-one	day
	9	ove rise to immediate	DUE TO, OR AS A CONSEQUE	NO OF	0	2	0, _ ,0
	<u>U</u>	nderlying couse lost.	(c) Presumes		05.3		1-2 day
		ART & OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO E	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 110
	<u> </u>	recurrent	Relvic concer.	undil	renosed cell	tage	FYES, WERE FINDINGS USED
)	CERTIFICATION 100	DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATIO	N SW AS PERFORMED	INCE	ERTIFYING CAUSES OF DEATH?
	21/2	ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c HOW INJURY OCCUR	YES NO	YES NO
7		CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH DA				
	~	IF EITHER, NOTIFY MEDICAL EXAMINE	21e. PLACE OF INJURY	19	211 LOCATION		
		WORK NOT WHILE	(AT HOME, STREET FACTORY, OFFICE, F	ARM, ETC }	STREET	CITY OR TOWN	COUNTY STATE
	224		tal ottended the deceosed from_	NOV.	79 19 87	L to Dec 19th	_, 19_87_, that (1) (we) ost
		sow the deceased olive or obove, (I) (we) (did Ddid no	t) view the entry ofter death.	57.0	nd that in (my) (our) opinion	death occurred on the date and	hour and from the couses stated
	221	SIGNATURE	11/11/1	1 .	DEGREE	MEDICAL STAFF	221. DATE STONED
	-	Man .	Ahll	11	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	Dec. 14, 1987
	220	PHYSICIAN'S NAME (TYPE	OR PRINT!	1	272 ADDRESS	A.H. 7 11	110 71700
_	22- 0112	mark Thou	nas Worthing	TEN SE	1600 N. WOL	1231 LOCATION	mois MJ 4205
	(SPEC	BURIAL	236. DATE 23c. N	A A DO	EMETERY OR CREMATORY	CHYODIOWN	COUNTY HE JAN
	24 FUNE	RAL DIRECTOR	2	635		E REC'D. BY REGISTRAR 256 RE	GISTRAR IL SIGNALIMAN
	-	CDAL ALT	manage TODRESS	-0-	34 H UC	- 22 1987 am	

21.1

45	30 DEC -	98/1	STATE REGISTRAR	DEPARTA	CERTIFICATE OF DEATH	8 7 REG. NO	3 5 3 7 5
	oge 3	1. C	PECEASED NAME FIRST	ALLIE E.	WILSON		MONTH DAY YEAR 26 HOUR 12 05 87 3:55 M
	e 4 may ctor, pag s after de	3. 5		4. RACE Black	S. DATE OF BIRTH MONTH DAY YEAR 10 1910	6. AGE IN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN. YRS.
•	eoth. Pag neral dire in 72 hours	1	BIRTHPLACE STATE OR FOREIGN COUNTRY S.C.	76. CITIZEN OF WHAT COUNTRY?		9. BALTIMORE CITY O Baltimor	R COUNTY OF DEATH
100	by the fu	55	City or town of DEATH Baltimore	Church Home Ho	spital	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O HOSPITAT W	F WORKING LIFE) INDUSTRY
BALTIMORE, MARYLAND 2120	n 24 hours filled in by hould be fill	136	MD 136. COU	ROTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 13c. CITY OR TOW Baltimo	N 136 INSIDE CITY LIMITS?	130 STREET ADDRESS 501 E. Pr	eston St. 21202
MARYL	and within	1	father's Name John	Caldwell Caldwell	IS MOTHER'S MAIDEN NA	WIDDLE	Miles
TIMORE	(er)	160	WAS DECEASED EVER IN U.S. AF LYES, NO OR UNKNOWN] LIF YES, GI NO	RMED FORCES? 166 SOCIAL SECU VE WAR OR DATES! 212-24-9		son 501 E. P	Preston St.
	certification of the state of t		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA	nly one cause per line for (a), (b), an ED BY: EXTENS TE CAUSE (a)		inal andM	ELASLALITE ARCINOMIA
201 W. PRESTON ST.,	that the death d by the ottend ease remove co ol, cremation, a		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last.	(b)			
ORDS, 20	en signer Then pl	NO			DEATH BUT NOT RELATED TO THE TER		
AL RECO	The law ration. Ion. It permit if permit.	Notice	19a DATE OF OPERATION		OPERATION WAS PERFORMED	206 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
DIVISION OF VITAL RECORDS,	itySICIAN: The ding physicic physicic physicic is certificate burial-transit Mental Hygic pr. Hem. 18 she	/	OR CONTRIBUTION TO CAUSE OF DE	ATH HOUR A.M. MONTH D.	AY YEAR 19	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PART I OR PART ?)
IVISION	ING PHYS	/ 6	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	211 LOCATION STREET	CITY OR TO	WN COUNTY STATE
	ATTENDIR spitol or CTOR: A for use: of Health			oital) attended the deceased from	, and that in (my) (aur) opinior		, 19, that (I) (we) last ote and hour and from the causes stated
	Y the ho RAL DIRE detoched ote Dept		226. SIGNATURE A. J.	Jelar, M.S		MEDICAL STA □ DIRECTOR □ PHYSK	CIAN
	TO HOSPITAL (retoined by the TO FUNERAL (should be deto with the State [IMPORTANT: #		A. J. HELOU	J,M.D.			ALMORE,MD.21231
	BP	23	Burial, Cremation, Removal (SPECIFY) Burial		NAME OF CEMETERY OR CREMATORY ASTVIEW Memorial p		
	DHMH - 16 50M 1/8 (VRA 15, 4)		FUNERAL DIRECTOR Wm. C. March F/H	1 1101 E. North		TE REC'D. BY REGISTRAR	25b. REGISTRAR'S SIGNATURE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DEG ASED NAME TO DATE KNOWN X 7b. HOUR ESTI-E FUNERAL DIRECTOR.
E 5 FOR YOUR FILES. C
ED, VITHIN 72 HOURS
W. PRESTON STREET, Christa Windsor М. DEATH MATED 3010 87 3 SEX 4. RACE 5. DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 7d HOUR DATE MONTH DAY LAST BIRTHDAY PRONOUNCED 6 1985 Aug Pemal e White DEAD 30 19 87 3A M Th CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY Maryland U.S.A. Baltimore City WIDOWED [DIVORCED S1, 2, AND 3 TO THE FUN PM 3. BETAIN PAGE 5 F ND 2 SHOULD BE FILED, V VITAL RECORDS, 20 W. E 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION LTYPE OF WORK 126 KIND OF BUSINESS 1927 Frederick Ave. FOR MOST OF WORKING LIFE! OR INDUSTRY Baltimore ______ _____ JSUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 30 STATE 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS 1927 Frederick Ave 21223 Maryland Baltimore YES 3 NO [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST Adam McCubbin Margaret E. Windsor LITEM 18. GIVE PACTONG WITH FORM
T PERMIT. PAGES
GIENE, DIVISION C 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMANT ADDRESS 166 SOCIAL SECURITY NO. Margaret Windsor 1248 James St Balto Md No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART L DEATH WAS CAUSED BY Smoke inhalation IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF BURIAL TRANSIT Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION ICATE, WRITING THE WORD "PE FORWARDED TO THE CHIEF N TOR: PAGE 3 SHOULD BE USED A THE STATE DEPARTMENT OF HEL AND, 21201 PRIGR TO BURIAL, C BE USED A NT OF HEA BURIAL, O 19g. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO X 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 OR HOUR A.M. MONTH DAY YEAR UNDERLYING XXX 12-30-187 House fire. CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, 711 LOCATION 71d INJURY OCCURRED EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 35 AFTER DEATH, WITH THE STATE DEBORTH, WITH THE STATE DEBORTH. AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) STATE 1927 Frederick Ave., Balto. City home MD Inspection X 220. I certify that I took charge of the remains described above, held an Autapsy death resulted from: Natural causes Undetermined manner Suicide TREPSPECIFY ACTUAL Assistant 12-30-87 SIGNATURE Mario F. Golle, Jr., M.D. EXAMINER'S NAME 111 Penn St., Balto., MD 21201 (TYPE OR PRINT) 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23t. NAME OF CEMETERY OR CREMATORY 23d LOCATION 1/6/88 Baltimore Ma Cedar Hill Cemetery Burial 07/B4 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 756 REGISTRAR'S SIGNATURE **DHMH - 17** George J. Gonce 4001 Ritchie Hgwy Balto Md The Devident-10 (VR A15 ME (5))

STATE OF MARYLAND

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE BEGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH DECEASED NAME 20. DATE KNOWN X 2b. HOUR (TYPE OR PRINT) OF ESTI-FUNERAL DIRECTOR.
E S FOR YOUR FILES.
E WITHIN 72 HOURS
PRESTON STREET, E. 3019 87 MARGARET WINDSOR DEATH MATED 4 RACE 3. SEX 5. DATE OF BIRTH 6. AGE I'N YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY DAY YEAR PRONOUNCED 16, 1966 21 30 19 87 Eemale White Dec. DEAD 3A M 76 CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED XX Mary Land U.S.A. Baltimore City WIDOWED [DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE! 1927 Frederick Ave Cashier Baltimore Candy SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 30 STATE 13c. CITY OR TOWN 136 COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 1927 Frederick Ave Baltimore 21223 Maryland YESXX 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LeRoy LAST Windsor Margaret Ammons 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Md 21223 TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PY PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ACONG WITH FOR TO FUNERAL DIRECTOR; PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT PAGES, AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIGHE, DIVISION BALTIMORE, MARYLAND, 212Q PRIDE TO BURIAL, CREMATION, OR REMOVAL. (YES, NO, OR UNKNOWN) Margaret E. Windsor 1248 James St Balto 213-94-0747 No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Smoke inhalation TIMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO X 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING A OR XXX 12-30-19 87 House fire. CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED TIE PLACE OF INJURY JATHOME 211 LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK AT WORK STATE 1927 Frederick Ave., Balto. City MD home 220 I certify that I took charge of the remains described above, held an Autapsy Inquiry death resulted f # Homicide . Undetermined manner Natural causes TITLE (SPECIFY) ACTUAL Assistant 12-30-87 SIGNATURE EXAMINER'S NAME Mario F. Golle, Jr., M.D. 111 Penn St., Balto., MD TYPE OR PRINT 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION Baltimore ST Md 1/6/88 Cedar Hill Cemetery Burial 07/84 24 FUNERAL DIRECTOR **DHMH - 17** George J. Gonce 4001 Ritchie Hgwy Balto Md (VR A15 ME (5))

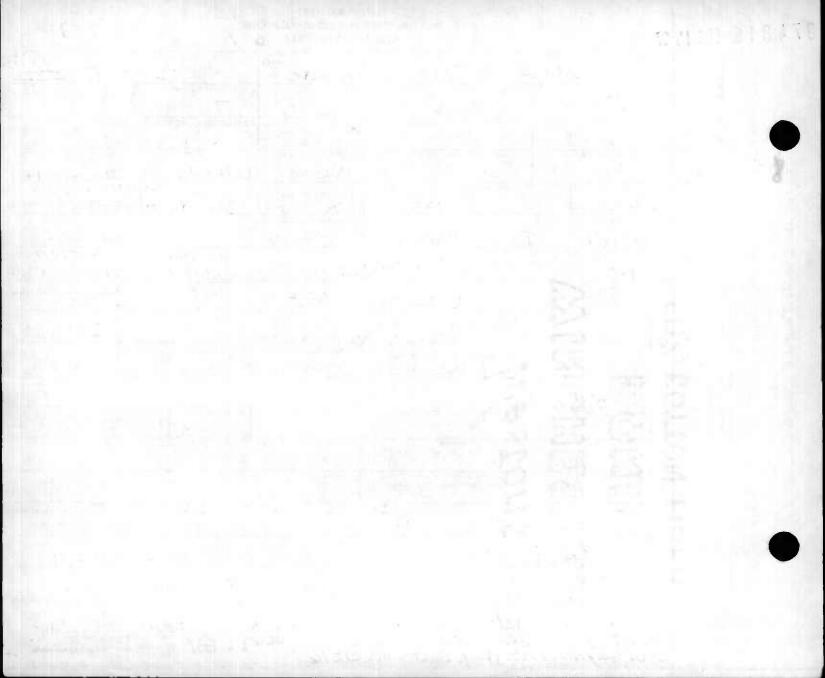
HOMES, INC.

2501 GWYNNS FALLS PKWY. BALTO, MD. 212/6

DHMH - 16 50M 1/B1 (VRA 15, 4) RBUTUS MEMORIAL PK

BACTIMORE

25) PATE REC'D BY REGISTRAR'S SIGNATURE



should be detoched for use os the buriol-tronsit permit. Then pleos with the Stote Dept. of Heolth ond Mentol Hygiene prior to buriol, IMPORTANT, If Nem 21 is morked or Item. 18 shows ony injury, or o

TO FUNERAL DIRECTOR:

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

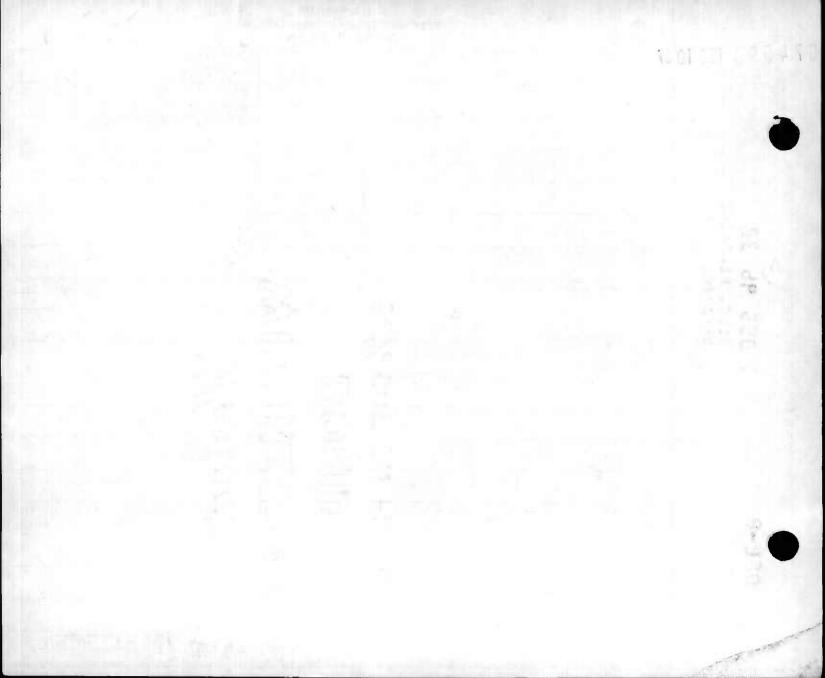
PHYSICIAN: The

459

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

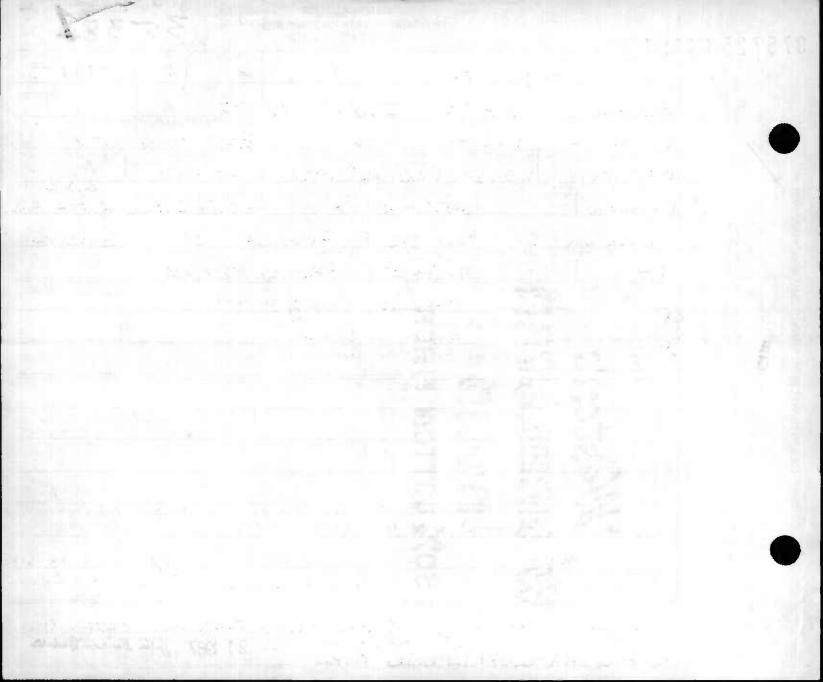
		STATE REGISTRAR			DEI AK	CERTIF	ICATE O	DEATH	8	/ REG.	NO.5	3 3	0
)	TYPE	CEASED NAME OR PRINT)	FIRST BEATR		AIDDLE		ISE			TE OF DEATH	MONTH R 7. 1	987	26 HOUR 5;33A M
1	3. SEX	(14. 8	ACE		S. DATE C				(IN YEARS LAST 8		IF UNDER 1 YEAR	IF UNDER 24 HRS
1		FEMALE		BLAC	K	MONTH 5	30	09		78	VP5	MONTHS DAYS	HOURS MIN.
i	70. BH	RTHPLACE ISTATEORFO	REIGN 7b		WHAT COUNTRY	(? 8.			9 BAL	TIMORE CITY	OR COUNT	Y OF DEATH	
2	C	MD		US		WIDOWE		R MARRIED _	1 2	LTIMOR	_		440
4	10. CI	TY OR TOWN OF DEAT	н 11.		OSPITAL, NURS			_	1	UAL OCCUPA		12b. KIND OF	BUSINESS OR
	gô.	ALTIMORE		THE J	IOHNS HO	PKINS	HOSPI	ral		ETIRED	OF WORKING L	RESTA	URANT
0	13a. S	AL RESIDENCE (IF NURSIN TATE MD	3b. COUNTY	ER INSTITUTION.	BALTIM	WN	134. INSIDI	CITY LIMITS?	13e. ST	REET ADDRESS 20 WEST	NORTH	H AVENUE	21218
	14. FA	THER'S NAME			DALLIT	IOIL	-	R'S MAIDEN N		LO WLJI	NONTI	TAVENOL	21210
		JACK	MIDE		STEVE			DÖLLY		MIDDLE		JON	
	16a. V	AS DECEASED EVER IN	U.S. ARMEL		166. SOCIAL SEC		17. INFOR			ADDI			
		NO			212-07-	7916	HELE	N SMITH	251	4 DRUDI	D HILL	AVENUE	
		18. CAUSE OF DEATH	(Enter only o	ne couse per	line for (0), (b), (ond (cl.)						BETWEEN O	NATE INTERVAL
1		PART I. DEATH WA	MMEDIATE C		CARDION	ulmone	any 1	Transt				5 min	rules
				DUE TO, OF	AS A CONSEQ	UENCE OF	CANC	-0				14	001
		Conditions, if ony, gove rise to imme couse (o), stoting	diote	(b)	N C MS TO SEQ	HENCE OF	(AVI	FIC	5			1 7	- AN
1		underlying couse	lost.	(c)	AO A CONOCO	021102 01							
	Z	PART 2 OTHER SIGNI	FICANT CON	DITIONS CO	NTRIBUTING TO	D DEATH BUT	NOT RELAT	ED TO THE TER	RMINALDI	SEASE OR CO	NDITION GI	VEN IN PART 110	
	CERTIFICATION	19a DATE OF OPERATION	NC	1%. CONDI	TION FOR WHIC	H OPERATIO	N WAS PER	FORMED		AUTOPSY?	IN CERTI	S, WERE FINDING FYING CAUSES O	GS USED OF DEATH?
_	ERT	21a. ACCIDENT WAS UNDER	RLYING	21b. TIME O			ZIc HOW	INJURY OCCU					
1		OR CONTRIBUTING CA			M. MONTH		150				,		
H	MEDICAL	(IF EITHER NOTIFY MEDICA		P./ 21e. PLACE (OF INJURY	19	211 LOCA				-		
	ME	WHILE NOT WHILE		(AT HOME, STR	EET, FACTORY, OFFICE		STE	EE1		CITY OR I	OWN	COUNTY	STATE
		22a I certify that (I) (sow the decapsed	alive on	12/7	19	9-71		ny) (our) opinio	n death o	ccurred on the	dote and ha	ur and from the c	hot (I) (we) just ouses stated
		22b. SIGNATURE	g (did ear) vi	ew the body	offer death.		DEGREE					22c. DATE	IGNED
		1	at	76				ATTENDING PHYSICIAN	□ DIRE	ICAL ST.	AFF ICIAN	12/7	1/87
		22d PHYSICIAN'S NAM	ick	Lun		- 170	22e. ADDI	he Johns	Hope	kus Ho	min!	Balton	MD
		URIAL, CREMATION, RI	EMOVAL 1	DATE	230	NAME OF C	EMETERY C	RCREMATORY	Y 23d	LOCATION CITY OR TOWN	ETT A	COUNTY	STATE
		BURIAL		12/10/	/87 B	BALTIMO	RE CE	METERY		BALTIMO	1 1 500 1		MD
	2	INERAL DIRECTOR	E ()	TALC	1101 E.	MODEL	0115			9 1987	100 0 1	Sugar.	dall
	WI	1. C. MARCH	F/H,	INC.	1101 F.	NUKIH	AVEN	UE DE		3 1301	J		



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYBENE?

75725 DEC	22	STATE PREGISTRAR		CERTIFICATE OF DEATH	REG. N	フラ ラ	04
0 . 2 0		CEASED NAME FIRST OR PRINT)	MIDDLE	WISE	26. DATE OF DEATH	2 -18-8	26 HOUR
e 4 may be ctor page 3 safter death	3. S	X	I RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BI	RTHDAY) IF UNDER 1	PM
Pog dire	7a. 1		b. CITIZEN OF WHAT COUNTRY	? 8 MARRIED NEVER MARRIED	9 BALTIMORE CITY O	OR COUNTY OF DEAT	тн
he funeral within 72 h	10.0	ITY OR TOWN OF DEATH	U.S.A.	WIDOWED DIVORCED ING HOME OR OTHER INSTITUTION		JORS LINE	MD. IND OF BUSINESS OR
2/3	B	ALTIMORS	(IF NOT IN SUCH FACILITY, GIVE STREET		TYPE OF WORK FOR MOST		
24 hourst be filled in the filled in the filled in the filled in the filled be filled by the filled		AL RESIDENCE (IF NURSING HOME OR OSTATE 136 COUNT	TY 134-CITY OR TO		13e STREET ADDRESS	/ ZIP CODE	21206
d'within sh	14. F	ATHER'S NAME	LIDDLE C LAST	15. MOTHER'S MAIDEN N	AME MIDDLE		LAST LAST
on on Pog	160	WAS DECEASED EVER IN U.S. ARA			ADDR V RSCORI	ESS	USLIVEIL
a physicion on popers. Ference on popers. Enough on emovol.	F	18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	RY.	nd (c·)	2 AAAA	BET'	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
h certif		IMMEDIATE	DUE TO, OR AS A CONSEQU	JENCE OF			
to the deat by the otten se remove c , crematian,		Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last		lyanlythmia			
equires the n signed b Then pleas r to burial, injury, or o	NO	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CON	IDITION GIVEN IN PA	RT Iro
he low re on. hos been t permit. I ene prior	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE F IN CERTIFYING CA YES	FINDINGS USED AUSES OF DEATH?
IYSICIAN: The le ding physician. Serthficate hos buriol-transit per Mental Hygiene or them 18-shows	2	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M. MONTH (RRED (ENTER NATURE OF INJU	JRY IN ITEM 18 PART I ORPA	RT 2)
3 Pr	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY LAT HOME STREET, FACTORY OFFICE	FARM, ETC } 211 LOCATION STREET	CITY OR TO	OWN COUN	ATY STATE
TEND of TOR. A or use of Heo		270.1 certify that (1) (this haspite saw the deceased alive on above, (1) (we) (did) (did not	12-18 19		to 12 —	late and hour and from	that (1) (we) lost m the causes stated
IAL OR AT y the hosp RAL DIREC detoched f detoched f ore Dept. o		226 SIGNATURE Mathen	A FOR THE S	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	AFF	DATE SIGNED
HOSPIII med b FUNE FUNE old be		22d. PHYSICIAN'S NAME (TYPE OR A. Mathe		22e ADDRESS	edical cen	- 2/ - 2	L' berly Hach
BP C S S S	230	BURIAL, CREMATION, REMOVAL	1236 DATE _ 236 12 22 1987	NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	1) E GOUNTY	STATE
DHMH - 16 60M 7/84	24	UNERAL DIRECTOR	8800 ADDRESS	HAREORO POPE	ATE RECID BY RECISIRAR	25b/REGISTRAP'S 510	GNAME



	ST	ATE O	FMARY	LAND	
EPARTM	ENT O	HEA	LTH AN	D MENTAL	HY
	-				

DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	8

0		REG.	NO	40	100	Sale	Alast .	
0	DATE OF	DEATH	MONTH		DAY	YEAR	26 HOUR	
D	ecemi	ber	3, 1	98	7		4:30	F
Α	GE UNYE	ARS LAST E	BIRTHDAYL		IF UNDE	RIYEAR	IF UNDER 24 H	RS

2

5 7 8 2

{1441	E OR PRINT)	Viola		V.	Wi	sner		Dece	mber 3	, 198	87		4:30 p
3 SE	x Female		White		S. DATE C		1906	6. AGE (IN	YEARS LAST BIR	'HDAY) YRS	MONTHS	DAYS	HOURS MIN,
10	IRTHPLACE (STATE COUNTRY) Taryland	OR FOREIGN 7	U.S.A.	WHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER	MARRIED		ore city o timore	_		ATH	WE
	ity or town of laryland	1	(IF NOT IN SUC	OSPITAL, NURSIN HEACILITY, GIVE STREET SCOTT KE	ADDRESS)			TYPE OF WO	LOCCUPATION ORK FOR MOST O		LIFE) IND	USTRY	of Business or Market
Ma	al residence (# P STATE aryland	18b. COUNT	Y	give residence before 136 CITY OR TOW VBaltimos	N	WES IX	NO LIMITS?	3620	ADDRESS /			211	4 1
14. F	Harry		E.	Trace	Y		s maidenna Firstie	ME	E.		Ţ	Vils	son
	WAS DECEASED EX YES NO OR UNKNOWN		MED FORCES? WAR OR DATES)	180-09-4		17 INFORM	ant e W. Tra	acey	20315 Parkt	Dow	MD 2	2112	20
0.70		ATH (Enter only H WAS CAUSED IMMEDIATE	CAUSE (a)	Cardiac	Arres	t					- BE	IWEEN C	MATE INTERVAL ONSET AND DEATH
	Conditions, if cogove rise to couse (a), st underlying co	immediate oting the	(b)_	Myocaro	lial I	nfarct	<u>ion</u>						
NO	PART 2 OTHER S	IGNIFICANT C	ONDITIONS <u>CC</u>	INTRIBUTING TO I	DEATH BUT	NOT RELATE	D TO THE TERM	INAL DISEA	SE OR CONI	OITION G	IVEN IN P	ART lic	0
CERTIFICATION	190 DATE OF OPE	RATION	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFO	DRMED	200 AU	TOPSY?	IN CERT			OF DEATH?
	210. ACCIDENT WAS OR CONTRIBUTING	CAUSE OF DEAT	HOUR A.	M. MONTH DA	AY YEAR	21c HOW II	NJURY OCCURI	RED (ENTER	NATURE OF INJUR	Y IN ITEM 18	PART) OR P	ART 2)	
MEDICAL		URRED	21e PLACE	OF INJURY EET FACTORY, OFFICE F	ARM ETC)	211 LOCATI			CITY OR TO	wN	cou	NIY	STATE
	22nd cortify that	(I) (this bosout	all ottended th	deceased from	Aug	. 1	10 84	to De	ec. 3.		10 87		that its (wa) las

saw the deceased alive on NOV 20 above, (1) (we) (did) (did not) view the body after death 226. SIGNATURE

DEGREE ATTENDING

MEDICAL STAFF DIRECTOR PHYSICIAN

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

22c DATE SIGNED

22d PHYSICIAN'S NAME THE COMME Paul Valle, Jr.

Old North Point Road Baltimore, Maryland 21224

236 LOCATION 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 236 DATE Burial Dec. 6,1987 Stablers Cemetery

Parkton, Baltimore

STATE MD

24 FUNERAL DIRECTOR

morked or Item 18

MPORTANT: If them 21 is

(VRA 15, 4)

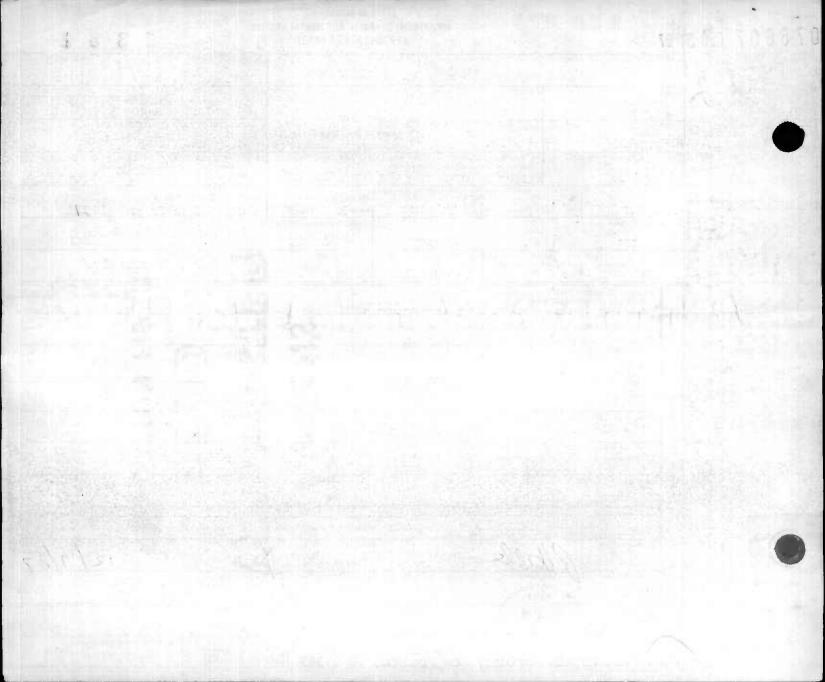
FOR

87 STATE REGISTRAR

I. DECEASED NAME

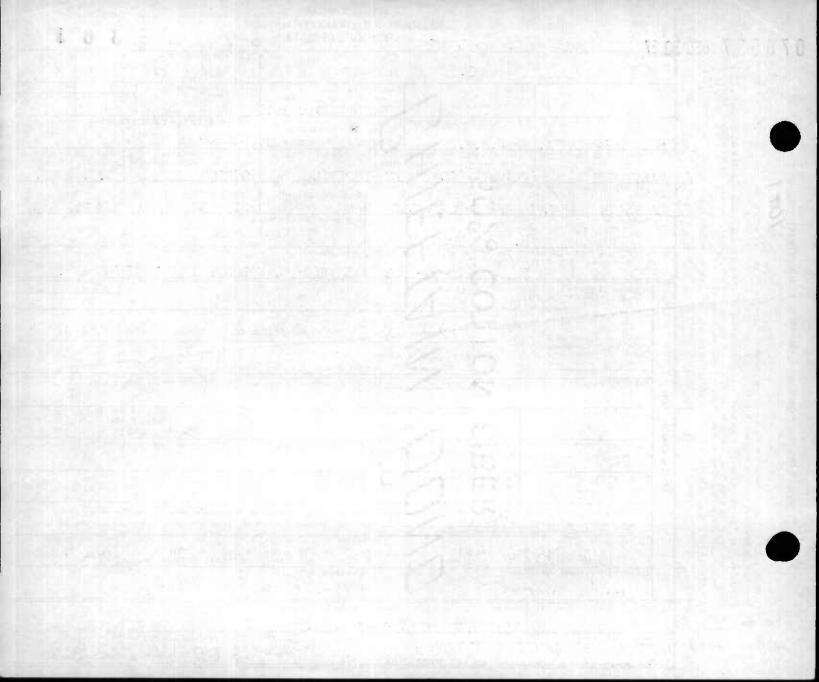
DHMH - 16 60M 7/84

DEC 2 1 1987 J.J. Hartenstein Mortuary New Freedom, PA 17349



(VRA 15, 4)

630 edmondson avenue baltimore MARYLAND



MIDDLE

REG. NO

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 2a DATE OF DEATH MONTH

26 HOUR

DAYS

6. AGE (INYEARS LAST BIRTHDAY) IF UNDER I YEAR

BALTIMORE CITY OR COUNTY OF DEATH

126 KIND OF BUSINESS OR [TYPE OF WORK FOR MOST OF WORKING LIFE] INDUSTRY

DomESTIC HOMEMAKER SCOTIA RD

MIDGLE

APPROXIMATE INTERVAL

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO NO [

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

CITY OR TOWN COUNTY

pinion death accurred on the date and hour and from the causes stated

STAFF PHYSICIAN [

23c NAME OF CEMETERY 23b. DATE

23d LOCATION CITY OR TOWN

COUNTY STATE

24 FUNERAL DIRECTOR

23a BURIAL, CREMATION, REMOVAL

(SPECIEVA

BP

DHMH - 16 50M 1/81 (VRA 15, 4)

FOR

- STATE

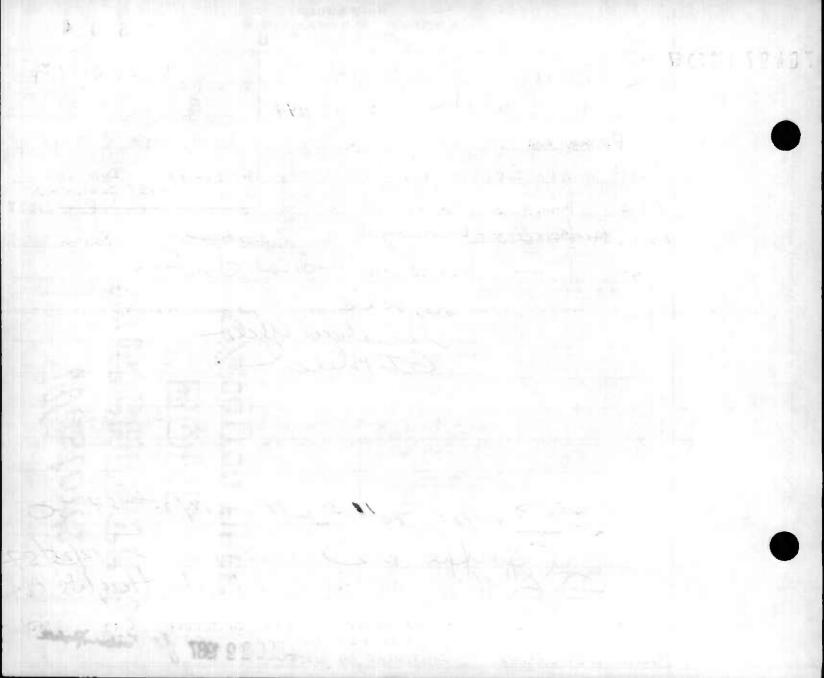
TYPE OR PRINTS

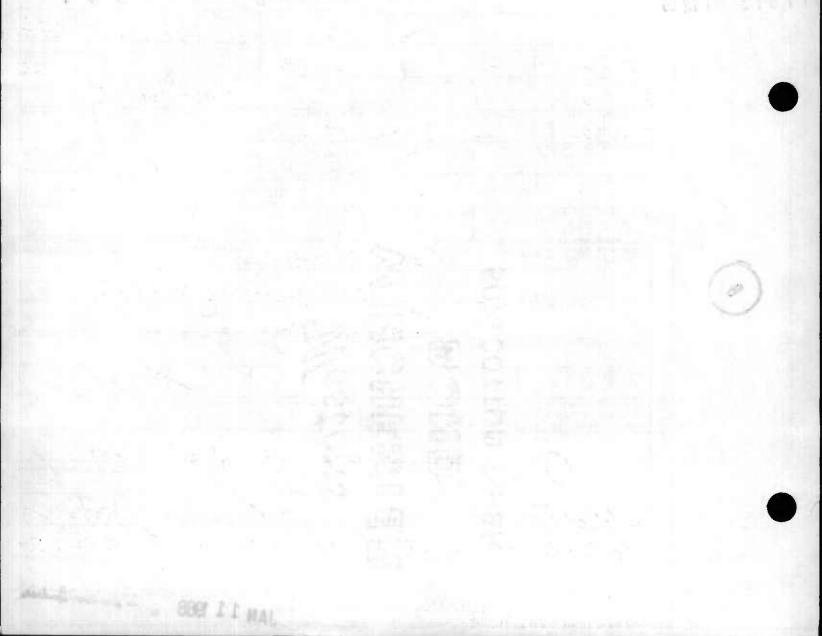
REGISTRAR

DECEASED NAME

250. DATE REC'D. BY REGISTRAR 2/A REGISTRARY

STATE





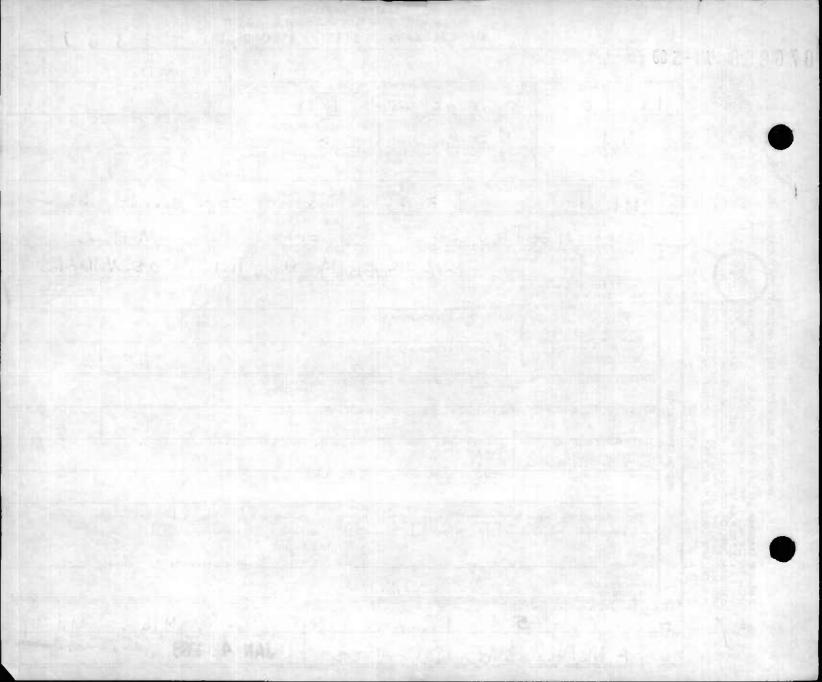
4107 Wilkens Avent

Hubbard Funeral Home, Inc.

(VRA 15, 4)

Le Constitute Land Constitute Partie Constitute Constit

· MA	#		FOR	et,22a,f1	1.1mG635 1/18/88 Kastate of Maryland DEPARTMENT OF HEALTH AND MENTAL HYGIENE													
X			STATE REGISTRAR		MEDICAL EXAMINER'S CERTIFICATE OF DEATH										8	7		
769	966 JAN - 508 ASED NA			FIRST		MIDDLE			AST	- 0	20	DATE K	NOWN T	1	DAY	YEAR 2	h HOUR	
	ASE OR.			JOS:		D			WOODIL			DEATH /	MATED [⁻ 12-	31-87		М	
	STR. STR.	3. SEX		4. RACE	S DATE OF BIRTH	YEAR	6. AGE (IN YE.	AY) MONTH		HOURS 1		ONOUNC	CED	MONTH	DAY	YEAR 2	HOUR	
	AL DIE	70 B1	RTHPLACE (ST		76 CITIZEN OF WH	42	45 Y	RS.			0	DEAD	DE CITY	12-	31-879	4	:15a	
	ET ESSARY, PLEASE CHI, RAL DIRECTOR. E S. FOR YOUR FILES. D. WITTHIN 12 HOURS I'M PRESTON STREET, C.		EIGN COUNTRY)		MARRIED WEVER MARRIED									_		in		
-	W SEE	TO CI	ITY OR TOWN OF DEATH		11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF										FWORK 126. KIND OF BUSINESS			
2	2, AND THE FIRE 2, AND 310 THE FIRE 3 RECORDS, 201 W.	B	altimor	e	Unit blk. Gorman Avenue (alley)										OR INDUSTRY			
1 5	ANDE	USUA 130 S	LRESIDENCE	IF IN NURSING HOME O	R OTHER INSTITUTION, GIV	E RESIDENCE B		ON)	13d. INSIDE CIT	-		T ADDRES			21	17	25	
. 213	A A B G B Z		Md.				alto		YES 💢	NO 🗆		7.	Ben-	tala	y ST	•		
WD	M. 3. W. 3.	14. FA	THER'S NAME	1	MIDDLE	c 1	AST		15. MOTHE	R'S MAIDEN	INAME	MID	DLE		LAST			
ORE	ASSES C	140 V	AS DECEASED	h W O	AED FORCES?	DY.	AL SECURIT	V NIO	17 INFORM	ma			ADDRES	Va-H	jues			
N. A.	ESESS /		S, NO, OR UNKNO		WAR OR DATES)	210	201	191	A.A.	Mary	Ц.,	1			V. Har	1 9	T.	
4		-	18 CAUSEO	F DEATH (Enter onl	y ane cause per line	for (a) (b)	200-1-	7915	1.4 >	14/04 4	ridi	asovi		J. V.	I APPRO	XIMATE IN	TERVAL	
is z	SEQ.		PARTIDE	ATH WAS CAUSED	N DV		narco	tic a	nd alo	cohol	into	xicat	ion		BETWEEN	ONSET A	ND DEATH	
STO	N 24 A A A A A A A A A A A A A A A A A A A		777		DUE TO, OR	AS A CONS	SEQUENCE	OF.		1								
PR	E SERVER SERVER		gave ris	s, if any, which e to immediate	(b)		M K		81.3									
201 W.	Z PEN V PEN		cause (a) lying cau	stating the <u>under</u> - se last.	DUE TO, OR	AS A CONS	SEQUENCE	OF										
	G. IN S. IN SAL EX NND NTION		(c)															
RECORDS,	SA B SEMA	NO	CONTRIBUTION TO DESTINATION OF THE RECENT OF THE PERSON OF CONTINUENT GIVEN IN PART 1 10.															
	L' CAN	CERTIFICATION	19c. DATE OF	OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED?								2D AUTO	OPSY?	_			
DIVISION OF VITAL	SHOP SHOP	TIFIC													YES 🛛 NO 🗌			
9	A THE WENT TO BE	LCE	210. EXTERNA UNDERLYING	L CAUSE WAS	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 12 10.87 subject used drugs and inges													
Sion	SHOR RIOR	MEDICAL	CONTRIBUTION CONTR	IG CAUSE OF D	P.M.	E INJURY	19 8	/ SU	-	used	drug	s and	ing	estec	1 alco	hol		
DIVI	REDECE SOL P	ME		NOT WHILE AT WORK	STREET, FACTO	ORY, FARM, ETC		Un	REET	. Gor	man	AVE .	Bal	to.,	YTHUC MG -		STATE	
	RWA RWA RWA STA STA					-		Autaps				Г						
	ANIE POR LANE		death results		e af the remains desc al causes .	Accident		Aurops	Hamici	Inspection	Lindetern	Inquiry L		and in my a	pinian			
	XAN EETII LD B IRE WITH					riceideiii		cide,	TITLE (SP		Oligeren	illined illidir	tier Acta					
	AL ENTRY		ACTUAL SIGNATURE					M.	Assi	stant	MEDIC	AL EXAMI	NER	DATE		-31-	87	
	MOE A S		EXAMINER'S	NAME Ma	rgarita A	Kore	211 M	D	1	11 Per	nn St	root						
	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITH EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENDING PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMILE TOF FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURNAL. "TR AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENT BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR RE	23n Bi	(TYPE OR PRIN	ION, REMOVAL 23			AME OF CEA		DDRESS									
07/84	BP 952	Z	PECIFY)	IOIS, REMOTAL 22	5-81	1	ame of Cen	1	O (QC	_	23d. LOCA	MAS	M-1	COU	M YTHE	STATE		
25M	DHMH - 17		NERAL DIREC	TOR	ADDRESS		1	1		Se. DATE RE	(D)	-	256 REG	GISTRAR'S	SIGNATURE	0	latile	
	(VR A15 ME (5))	J	as. A.	Morton		170	1 La	uren	5	JA	N 4	798	b &	S State of	Bayerdacon			
						-											100	



FOR

REGISTRAR

DOLL ASED NAME

- STATE

DEC

DHMH - 16 60M 7/84

(VRA 15, 4)

21215 AVE OAKFORD NEWTON ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE and that in (my) (our loginian death accurred on the date and hour and from the causes stated 22¢ DATE SIGNED DIRECTOR PHYSICIAN 231 NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial Randallston Md 12/19/87 King Memorial Park 24 FUNERAL DIRECTOR BY REGISTRAR 256 REGISTRAR'S SIGNATURE Wm. C. March F/H West 4300 Wabash

STATE OF MARYLAND

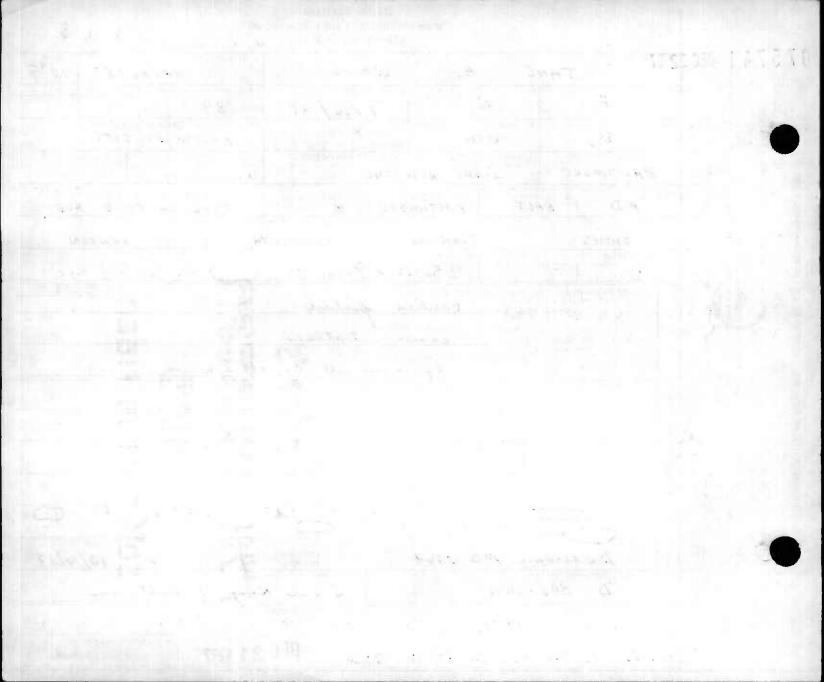
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

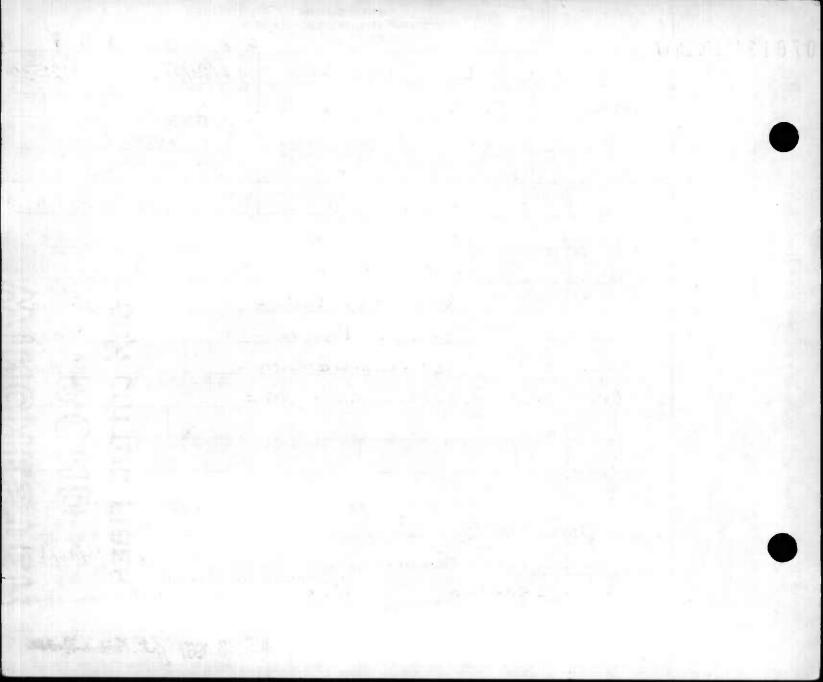
20 DATE OF DEATH

IF UNDER 24 HRS

126 KIND OF BUSINESS OR



STATE OF MARYLAND



				STATE	OF MARYLAND			
		FOR STATE REGISTRAR		CERTIF	EALTH AND MENTAL HYG ICATE OF DEATH	8 7 REG. NO.	5 3 9	0
9 0 7 DEC 23	87ºE	CEASED NAME FIRST OR PRINT)	phine		Nosdoo	20 DATE OF DEATH MON	8 /87	4.50 M
age 4 mo	3. SE	11	4 RACE Z	5. DATE C	S BIRTH DAY PEAR 28 10	6 AGE (IN YEARS LAST BIRTHDAY	MONTHS DAYS	
death. Poureral di	1	RTHPLACE (STATE OR FOREIGN COUNTRY) Windsor, N.C.	76 CITIZEN OF WHAT COU	WIDOWE		BALTIMORE CITY OR CO	DORE CI	
by the filled with		Bulto.	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIY	E STREET ADDRESS	restitution less that Con	120 USUAL OCCUPATION	RKING LIFE) 126 KIND	OF BUSINESS OR
filled in hould be	0	AL RESIDENCE (IF NURSING HOME OR TATE 136 COUN		ce Before Amission; OR TOWN timore	YES NO	13e.STREET ADDRESS / ZIF		16
red within	14 F.A	THER'S NAME UNKNOWN		AST	15 MOTHER'S MAIDEN NA/ FIRST Mary	WIDDLE	Coope	ast er
Son and construction of the execution of		VAS DECEASED EVER IN U.S. AR VES, NO OR UNKNOWN) N/A	VE WAR OR DATES)	18 1512	Dorothy Wi	ADDRESS	630 Warw	vick Ave.
a physicia on paperi emoval.		18 CAUSE OF DEATH (Enter on PART), DEATH WAS CAUSE IMMEDIAL		(i) Ac	ute 8tro	ke	APPRO BETWEEN	DXMATE INTERVAL N ONSET AND DEATH
death ceri attending nove corbo ation, ar re froumatic e		Conditions, if any, which gave rise to immediate	DUE TO, OR AS A CON	NSEQUENCE OF	Aspiros	is on Pheun	ionen	13 day
that the d by the ease remote, cremo		couse (0), stating the underlying cause lost.	DUE TO, OR AS A CON	NSEQUENCE OF 9) Systen	ic Arfei	in Ci.	
requires en signe r. Then pl or to buri	TION	PART 2 OTHER SIGNIFICANT	(1) Hybe	enfens	10 h (2) Diabe	Je Je	
The low ricion. te has bee is permit. giene prior	CERTIFICATION	190 DATE OF OPERATION	7 CONDITION OR	embol	ectomy	YES NOTE IN	LIF YES, WERE FIND CERTIFYING CAUSE YES	S OF DEATH?
SKIAN: ng physical certifical price or physical from tentral Hyper pentral Hyper pentr	MEDICAL CE	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER	R) P.M.	TH DAY YEAR		RED (ENTER NATURE OF INJURY IN	TEM 18 PART I OR PART 2)	
ING PHY r ottendi After this os the bu ith and M arked or	MED	21d INJURY OCCURRED WHILE OF WHILE OF WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY	145	21f LOCATION STREET	CITY OR TOWN	COUNTY	STATE
TTEND pitol o CTOR. A for use of Heal			at) view the body ofter death	_19 <u>8)</u> , or		death accurred on the date o	nd haur and from th	e, that (II (we) last ne couses stated
TAL OR A y the hos RAL DIREC detoched detoched tote Dept		22b. SIGNATURE	John	Culu	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	_ 12	2/18/87
TO HOSPITAL retained by th TO FUNERAL should be deti with the Store IMPORTANT:		22d. PHYSICIAN'S NAME (TYPE C	GAKU	BA	276 ADDRESS 6 0	Pikesvil	le Mo	121208
BP		DURIAL, CREMATION, REMOVAL Burial	12/22/87	23c NAME OF C		Baltimore	COUNTY	MD STATE
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FI	INERAL DIRECTOR NAME Proy O. Dvett	& Son Inc.	Hqts.	Likerty OEC	2.2 1987	REGISTRARSISICAL	(Butter and

July have we was a select to 45000 PARTY CALLS A USA E BADMURE OFFI I selve I to hard week out the town 15 Aunte Struke Co feep radie or Messensonia 13 day I have been a some of the - Co Hypertenson Co Miller Les Islands of the Control of the Co

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21701	TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Polices and 2 should be full within 72 hours ofter death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If them 21 is marked or them 18 shaws any injury, or other traumatic event, the medical examiner must be partitled allower.
	TO HOSPIT	should be a with the Ste	IMPORTAN

(VRA 15, 4)

074354 DEC-	1-	FOR STATE REGISTRAR			DEP	ARTMENT OF	TE OF MARYLAND HEALTH AND MENTAI FICATE OF DEATH	510	E REG. NO	3 5	3 9	ı
ay be Coge 3 Coge 3 Coge 7 Cog		OR PRINT)	:fto	~	AIDDLE	Wo.	Pridge	20.	DATE OF DEATH		NAY YEAR	26 HOUR 8:43 CM
ge 4 ma	3. SE	M		Blad	L	5. DATE			GE (IN YEARS LAST BIRT	HDAY) YRS	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
death. Pr	(RIHPLACE (STATEORFO COUNTRY) Virginia		USA		MARRIE		D B	altimore city o	Cit	У	MD.
the filled with	В	alto.		Good S	Samar	itan He	ospital		USUAL OCCUPATION PE OF WORK FOR MOST OF Retired	F WORKING LIF	12b. KIND O INDUSTRY Reti	red
LAND2	13a. S	AL RESIDENCE (# NURSI STATE MD THER'S NAME	13h. COUN	Lto.	Balte	TOWN	13d INSIDE CITY LIMI		STREET ADDRESS /		rges 7	venue
red with	C	Lifton VAS DECEASED EVER I			olride		Nancy 17 INFORMANT	ENNAME	MIDDLE		aunder	
BALTIMORE. one be executed by section and its parts. Pures. vol. 1, the medical		Yes No OR UNKNOWN) Yes IB CAUSE OF DEATH	(# YES, GIVE	II	216-	09-562	Roxie Wo	olri				Jes Ave
DS, 201 W. PRESTON ST., BA quires that the death certificate signed by the attending physic hen please remove carban pape to bural, cremotion, or removal ijury, or other traumatic event, the please that the state of the state	N	Conditions, if ony, gove rise to imm couse (o), stating underlying couse	which sediote g the lost.	DUE TO, OF	RASA CONS	SEQUENCE OF	in ephal	lo for	thy	DJ J.	EN IN PART 110	
RECOR	CERTIFICATION	19a DATE OF OPERAT	ION	196 CONDI	TION FOR W	HICH OPERATIO	ON WAS PERFORMED		YES NO X	IN CERTIF	S, WERE FINDIN	NGS USED OF DEATH?
DIVISION OF VITAL ING PHYSICIAN. The catending physicion ther this certificate h os the buriol-tronsit p th and Mental Hygier th and Mental Hygier orked or frem 18 shape	MEDICAL CER	216. ACCIDENT WAS UNDION CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRI	AUSE OF DEAT AL EXAMINER) ED	P./ 21e PLACE (M. MONTH M. DF INJURY	DAY YEAR	211 LOCATION STREET	OCCURRED			COUNTY	STATE
R ATTENDI hospital or RECTOR: A hed for use ept. of Heal tem 21 is m		27a.1 certify that (1) sow the decease above, (1) (we) (d	(this hospite	view the body	ofter death.	0.7	nd that in (my) (our) op	93 pinion deat	to 12/1/ h occurred on the do	ite and hou		
TO HOSPITAL O TO FUNERAL D should be detoc with the Store D		MECKO!		AJINA	izari	AN	ATTENDI PHYSICI 22e ADDRESS		RECTOR PHYSIC		1/2/1	187
BP	23a E	SURIAL, CREMATION, F	REMOVAL	236. DATE 12-5-	-87		SON Forre		CITY OF TOWN	n Fo	rrest	Md .
DHMH - 16 60M 7/B4	24 FU	JNERAL DIRECTOR		1 2 3		RESS			C'D. BY REGISTRAR	256 REGIST	RAR'S SIGNAT	

Law Funeral Home 4611 Park Heights Ave.

DEC - 7 1981 Julia Devidson Randall

07/00-001 : 00/1/0 orkingold for mothers , = 4. 4 (1) والمراس time melanin while puting alicens or travel to a fine of the state of the state of the state of F2 TELEFORE Maring M. FTI/A MACAGANIAN WOST ST grad intromo ? how

moy be

STATE OF MARYLAND

11-	STATE REGISTRAR	DEPA		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	3 4 2
	CEASED NAME FIRST Magor	MIDDLE		ragg	20 DATE OF DEATH MONTH	20 1987 35 HOUR
3. SEX	male	h. RACE black	5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY) 76	MONTHS DAYS HOURS
	RTHPLACE (STATE OR FOREIGN OUNTRY)	USA	RY? 8 MARRIEI WIDOWE	D NEVER MARRIED DIVORCED	Baltimore CITY OR COU	NTY OF DEATH
	altimore	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STI 1803 Baker			120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN Retired	126 KIND OF BUSINESS INDUSTRY S.T. A.
13a. S1	Md		OWN	VEC MT NO T	13e STREET ADDRESS / ZIP CO 1803 Bake	
	Mose	Wrago		(Rebbecca)		Wrasg
	(IF YES GIVE	WAP OR DATES	8-3516	Alcinda DeDe	minds 1803 E	Baker Street
	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATION	y one couse per line for (a), (b) BY: CAUSE (a)	and ici.	piratory a	nex	BETWEEN ONSET AND DE
	Conditions, if ony, which gave rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSE	QUENCE OF	E METPSTATIC PRCINOMA OF		MONTHS YEARS.
NO	PART 2 OTHER SIGNIFICANT C		TO DEATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR CONDITION	GIVEN IN PART 110
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATIO	N WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH YES NO
	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		PAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	1B PART I OR PART 2)
MEDICAL	21d IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFF	ICE, FARM ETC)	211 LOCATION STREET	CITY OF TOWN	COUNTY STA
	22a.1 certify that (1) (this haspit saw the deceased alive of above, (1) (we) (did) (did par	DE GENSEZ	0	nd that in (my) (our) opinion	deoth occurred on the date and	hour and from the couses state
	276. SIGNATURE	estas			MEDICAL STAFF DIRECTOR PHYSICIAN	12. DATE SIGNED
	22d, PHYSICIAN'S NAME / TYPE OF	/		800 BRADDIS	CH AVE. BA	WIMORE, MO 21
	Burial, CREMATION, REMOVAL	235. DATE 2 12/24/87		EMETERY OR CREMATORY urn Cemetery	23d LOCATION CITY OR TOWN Baltimore	COUNTY STA
	JNERAL DIRECTOR Im.™^C. March F/H	West 1300 Wast	Sach Ave		REC'D. BY REGISTRA 10 SEC	G SERAR'S SIGNATURE

March F/H West 4300 Wabash Avenue

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.



The same of the sa

auto La Mala

Tombulan - Call and Voltzen Rose (1901) Englished College (1901) Englished (1901) En

was an array course and the same transfer of the sa

80

DEC

ST	ATE	OF	MARYLAND
9.		٠.	INIMIC ! PMIAS

DEPARTN

ENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	7	REG. NO.	5	3	9	
						_

	9187	FOR 7 STATE 7 REGISTRAR		DEPA	RTMENT OF H CERTIF	EALTH AND A		13 /	G. NO. 5	3 9	1 4	
		CEASED NAME FE	RST	MIDDLE	t.	AST		20. DATE OF DEAT		DAY YEAR	26 HOUI	
	line		ALVIN	н.	YEF	RBY	Day	12/7	87		130	PM
1	3 SEX	Х	4 RACE		5. DATE C			6. AGE (IN YEARS LA	ST BIRTHDAY)	IF UNDER I YEA		24 HRS
	100	Male		ite	Sept		1900	87	YRS.		S HOURS	MIN.
1		RTHPLACE (STATE OR FORE	IGN 76. CITIZEN C	OF WHAT COUNTE	RY? 8 MARRIEI	NEVER A	ARRIED -	9. BALTIMORE CI	TY OR COUN	TY OF DEATH		
unite		MD		USA	WIDOWE		ORCED [Baltim	ore C	ity		MD.
	10 CI	TOWN OF DEATH	(IF NOT IN	OF HOSPITAL, NUR SUCH FACILITY, GIVE STI	REET ADDRESS)			120. USUAL OCCL	OST OF WORKING	LIFE) INDUSTR	of BUSINE	
	USU/	Baltimore AL RESIDENCE (IF NURSING)		n Memor		spita.	T	Accoun	tant.	FOW	er co	-
200	13a. S		COUNTY	13c CITY OR TO Balt	OWN	13d. INSIDE C	NO [13e STREET ADDR 2623 N.			2	1218
	14. FA	ATHER'S NAME					MAIDEN NA	MÈ				
\mathbb{Z}		Thomas	A .	Yerby			ora	MIDI		hmidt	LAST	
-		VAS DECEASED EVER IN L	J.S. ARMED FORCES	166 SOCIAL SE	ECURITY NO.	17. INFORMA		A	DDRESS			
-	t)	YES, NO OR UNKNOWN) (IF	FYES, GIVE WAR OR DATES	212 07	2058	Mrs.	Dorot	thy Y. I	awren	ce,	MD	
		Canditions, if ony, wh gave rise to immedicouse (a), stating underlying cause I	hich (b) ote the ast. (c)	OR AS A CONSE	QUENCE OF	NOT BELATED		INAL DISEASE OR	GERIA	LUEN IN PART	1 cm	
2	CERTIFICATION	Atrial S	brillas	NDITION FOR WA	Possi	sole !	Aomo	20a AUTOPSY?	20b. IF Y	YES, WERE FINE TIFYING CAUSI YES	OINGS USED	H?
1		210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS	E OF DEATH HOUR	A.M. MONTH	DAY YEAR	21c HOW IN	JURY OCCURR	RED (ENTER NATURE O	F INJURY IN ITEM I	B PART I OR PART 2		
1	MEDICAL	21d INJURY OCCURRED	21e PLAC	CE OF INJURY STREET, FACTORY, OFFI	No.	211 LOCATIO	N	CITA	OR TOWN	COUNTY	51	TATE
		220 1 certify that (I) (h			-	87	, 19 87	_, to	7	. 19.87	, that (I)	market and the same of the sam
		saw the decrased of abave, (1) (we) (did)	(did not) view the bo	dy ofter death.	9_ 87 , an	d that in (my)	apinian a	death occurred an t	he date and h	our and fram th	ne couses sta	ted
		226. SIGNATURE			(DEGREE	TTENDING	ALEDICA:	CTAFF	22c DA	TE SIGNED	
1		dason	mes p	OL		I	HYSICIAN [MEDICAL DIRECTOR PH	STAFF TYSICIAN X	12	7 8	7_
1		BREIN	, , , , , , , , , , , , , , , , , , , ,			27e ADDRES		(00777				
	23a B	BURIAL, CREMATION, REA		12	3c. NAME OF C			10RTAL HO				
		Burial			Woodla		MEMATORT	Wood1	WN	COUNTY	MD SI	ATE
	24 FL	UNERAL DIRECTOR	12/	10/0/	WOOGIA	LWII	250 DAT	E REC'D. BY REGIS		ISTDAN'S SIGN		

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

Jenkins & Sons Co.

DEC - 8 1987 | La Devider Kande

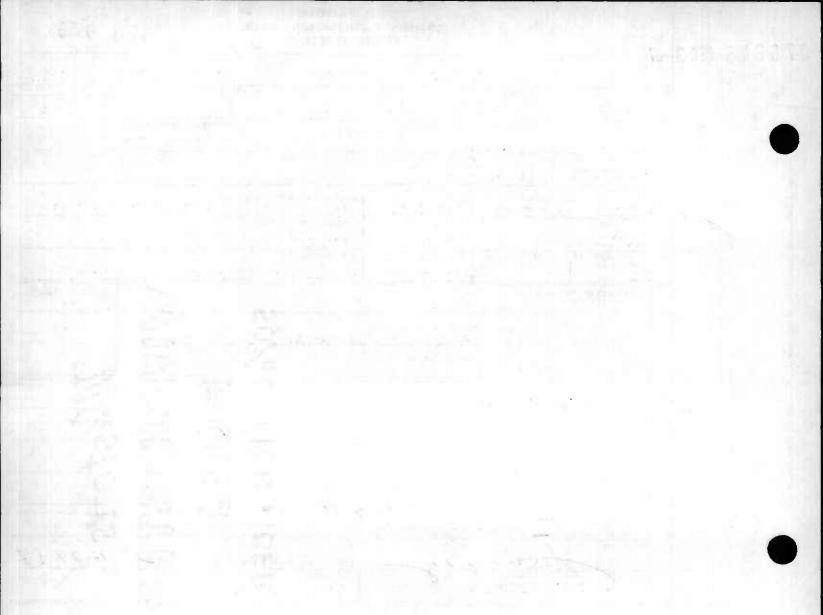
7	6	64	6	חבר	2	1-	FOR STATE REGISTRAR			DEPARTA	NENT OF H	E OF MARYLAND LEALTH AND MENTAL HYG LICATE OF DEATH	S / REG. N	5 3	9	5
1	U	0 1	0	ULU	2		EASED NAME	FIRST	h	AIDDLE		AST	20 DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
		å	oge 3 death		- 1	(1111	ON PHILAITY	NORM	IAN CA	ARROLL	Y	INGLING	DECEMBER 2	28, 1987		1:20A
}		je 4 moy	softer d			3. SEX	MALE		4. RACE WHITE		5. DATE (6. AGE IN YEARS LAST BIR	THDAY) IF UNDER	DAYS	IF UNDER 24 HRS
		Pa	dire	8	1		THPLACE (STATE ORF	OREIGN	76. CITIZEN OF	WHAT COUNTRY?	18		9. BALTIMORE CITY O	R COUNTY OF DEA	ATH	
		oth	(72	6	1		ARYLAND		U.S.A.		WIDOW	D NEVER MARRIED DIVORCED	BALTIMOR	RE CITY		M
-		ofter de	the fun	etifick o	Y	10 CI	TY OR TOWN OF DEAD	TH	11. NAME OF H	OSPITAL, NURSIN H FACILITY, GIVE STREET	G HOME (OR OTHER INSTITUTION	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST C	ON 12b. I F WORKING LIFE) INDU	CIND OF USTRY	BUSINESS O
120		S T O	9 3	75	- Comm	-	L RESIDENCE (IF NURS	NG HOME OF		CAL CENT			STEAM FITT	FR		
MARYLAND 2		n 24 ho	filled i	r must	J	130. S		134-COU	IMORE	13c. CITY OR TOW BALTIMO	N	YES D NO	13e. STREET ADDRESS 4442 LAPLA	TA_AVENUE	2/21	211
RYL		d to	12,sl	July 1		14 FA	THER'S NAME		WIDDLE	LAST:		15. MOTHER'S MAIDEN NA	ME		LAST	
W		o o	E	e x o			SAMUEL	- 44		INGLING	-	LILLIAN		HAINES		
		ecut	op po	icol	1		AS DECEASED EVER		MED FORCES?	166. SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRI	ESS		
W		ě	000	medi			ZES		TT	217 07 3	356	CLINICAL REC	ORDS. VAMC.	FORT HOW	IARD	_MD
ALT	18. CAUSE OF DEATH lEnt PART I. DEATH WAS CA					18. CAUSE OF DEAT		nly one couse per					BE	APPROXIA	MATE INTERVAL NSET AND DEATH	
						AS CAUSE	D RY.	Sepsis				2	day	rs		
PRESTON ST		deoth cer	ottending ave carbo	oumotic e			Conditions, if ony,	which	DUE TO, OF	RAS A CONSEQUE Pyelonep		s, Chronic				
W PR		that the	by the	rother tr			gove rise to immouse (o), stating underlying cause	g the	DUE TO, OF	R AS A CONSEQUE	NCE OF		8			
20		e s	ane u	. v			PART 2 OTHER SIGN	VIFICANT	CONDITIONS CO	NTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	VINAL DISEASE OR CON	DITION GIVEN IN P	ART 110	
PDS		obe	The	2 . 2		O	Park	inson	's Disea	se			9570		239	
AL RECORDS		he law r	has been to permit.	ows ony		CERTIFICATION	190. DATE OF OPERA	NOI	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE IN CERTIFYING C YES		
INTERIOR OF VITAL		CIAN: T	rtificate ol-trans	em 18 st	3		210. ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER, NOTIFY MEDI	AUSE OF DE	ATH HOUR A.	M. MONTH DA	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR P	PART 2)	
Z		lySk	s ce buri	or he		MEDICAL	21d. INJURY OCCUR		21e PLACE		17	21f. LOCATION				
DIVISIO		VDING PHY	fter th	orked		WE	WHILE NOT WE	RK		EET FACTORY, OFFICE, F		STREET	CITY OR TO		7	STATE
		N O	N. C.S.	is m			220.1 certify that (1)				MA	× 10 1987	Decemb			hot (I) (we) lo
		ATTEN	5 5	,21			obove, (I) (we) (c	ed alive on lid) (d-d-a	December 1) view the body	ofter death.	8/0	nd that in (my) (our) opinion	death accurred on the d			
		AL OR A	At DIRE	T: If Hen			226 SIGNATURE	Au	Dre,	an-		DEGREE ATTENDING PHYSICIAN [MEDICAL STA	FF _ /	2-2	SIGNED 2 f 7
		HOSPIT.	FUNER Sold be	PORTAN			22d. PHYSICIAN'S MANA		MENDOZA	0		VAMC, Ft. 1	Howard, MD	21052		
		O se	5 4	3 ₹.		23o P	URIAL CREMATION	REMOVAL	23h DATE	23c 1	NAME OF	EMETERY OR CREMATORY	234 LOCATION			

DHMH - 16 50M 1/81 (VRA 15, 4)

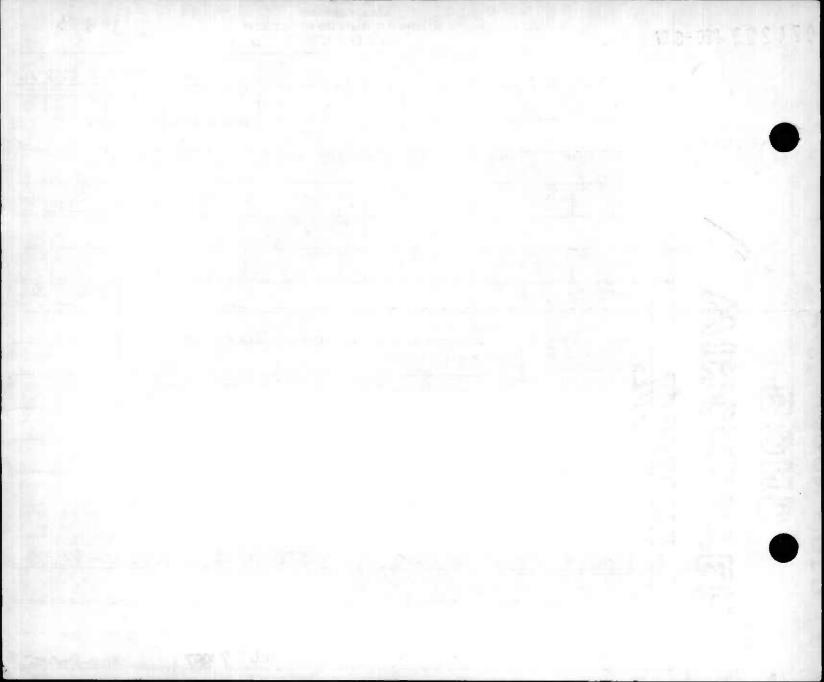
230 BURIAL, CREMATION, REMOVAL Burial 12/31/87 231 NAME OF CEMETERY OR CREMATORY Druid Ridge Cemetery

Pikesville, Balto. Co. Md.

124 FUNERAL DIRECTOR
BY RGEE-HENSS 3631 FALL Ra



OEC 3 O 2022 SEL 1544



ST	A	TE	01	M	A	RYL	AND
 _	_				174		

71	1850	1	FOR ATE WLGISTRAR			DEPARTA		EALTH AND	MENTAL HYGI DEATH	ENE / REG.	5 5	3 9	7.
14	437 DEC -8			FIRST	AA	IDDLE	l	AST		20 DATE OF DEATH		DAY YEAR	26 HOUR
	2 74	{TYP	OR PRINT)	AMES	7	Thomas	Yo	UNGBAR			12/5/8	48	1001 AM
	A CO	1.56		4. RAG			5. DATE C			6. AGE (IN YEARS LAST		IF UNDER 1 YEAR	IF UNDER 24 HRS
	4 100	-	Male		wh		MONTH 2	18	24	63	YRS.	AONTHS DAYS	HOURS MIN.
	1 35		IRTHPLACE (STATE OR FOR COUNTRY) A Marylan	1	ISA	HAT COUNTRY?	8. MARRIE	NEVER	MARRIED	9 BALTIMORE CITY RAITIM		OF DEATH	
-	\$ 27	1	ITY OR TOWN OF DEATH	1 11. N	AME OF H	OSPITAL, NURSIN	G HOME C			12a USUAL OCCUPA (TYPE OF WORK FOR MOS	ATION	INDUSTRY	Balto.
2)	1 1 1	-	AL RESIDENCE (IF NURSING		INSTITUTION C	TVE RESIDENCE BEFORE	ADMISSION)	50,		TIKE FIGHTE	91.	FIRE DE	PT
ANDQ	I BUT	Da.	MD 13	COUNTY		BALTIMORIOW		13d. INSIDE (NO [330645R		BACTUM	RE 2/224
MARYL	N.	14. F/	Frank	WIDDLE		Youngbar	Z		'S MAIDEN NAM FIRST VY	AE MIDDLE		Baie	
ui OK	9		WAS DECEASED EVER IN		ORCES?	166. SOCIAL SECU	RITY NO.	17. INFORM			PRESS		
IMO	2 50 1	Un	ES HOOR UNKNOWN)	IF YES GIVE WAR S	2	215-14-4	175	Doroz	thy A. Y	oungbar 3	30 Gusr	yan St.	21224
BALT	1		18 CAUSE OF DEATH	Enter only one	cause per l	ne far (a), (b), and	dice						ATE INTERVAL NSET AND DEATH
15	(alali		PART I. DEATH WAS	MEDIATE CAL	JSE (a) C	ARDIAC	DEAT	74				FEU!	MINITES
20				D	UE TO, OR	AS A CONSEQUE	NCE OF						
REST	A 10 10 10 10 10 10 10 10 10 10 10 10 10		Canditions, if any, w		(b)(ARDIOGEA	UC SHO	OCK					
× ×	2 2 2 2 2		cause (a), stating			AS A CONSEQUE							
5	the state of the s					MOCARDIAL							
50	sign o buy	NO	PART 2. OTHER SIGNIF	ICANT COND	ITIONS <u>CO</u>	ntributing to D	DEATH BUT	NOT RELATED	D TO THE TERMI	NAL DISEASE OR CO	NDITION GIVE	EN IN PART To	
ECOR	Dree on A	73	19a DATE OF OPERATIO	00	96 CONDIT	ION FOR WHICH	OPERATIO	N WAS PERFO	DRMED	20a AUTOPSY?		, WERE FINDING	
A	45 4 5 6 2	CERTIF								YES NO.			NO 🗌
OF VII	CIAN Physical Physica	12	210. ACCIDENT WAS UNDER! OR CONTRIBUTING CAU (IF EITHER NOTIFY MEDICAL	SE OF DEATH	IB. TIME OF HOUR A.M P.M	. MONTH DA	YEAR	21c. HOW IN	NJURY OCCURR	ED (ENTER NATURE OF IN	NJURY IN ITEM 18 PA	ART I OR PART 2)	
NO.	die b	MEDIC	21d INJURY OCCURRED	21	e. PLACE C			211 LOCATE		CITY OR	TOWN	COUNTY	STATE
N	Se Fee	12	AT WORK NOT WHILE										
	END OF A SECOND		220 I certify that (I (the saw the deceased	olive on DE	tended the	deceased from_	2	5 od that in (my	19 8 7	eath occurred on the	date and hour	19 <u>82</u> , th	nat (I) (We) last
	Part Part		abave, (I) (we) (did	(did nat) view	the bady a	fter death.		DEGREE			advis diva visco	22c. DATE S	
-	A 40 0 4 1 0 4 1 0 4 1 0 4 1 0 1 1 1 1 1		Rose Sal	gia			MD-	ol n	ATTENDING PHYSICIAN	MEDICAL ST	AFF SICIAN (T)	12/5/2	
	AN STATE	1	22d PHYSICIAN'S NAM	E (TYPE OR PRINT)		Her MA		22e ADDRES				, , , ,	
	5 5 3 5 5 8 9		RAU SAZO	11				FRAM	ucis Sc	OTT KEN 1	VOC PITA	,	

DHMH - 16 60M 7/84 (VRA 15, 4)

23a. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 24 FUNERAL DIRECTOR

236. DATE

231. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OF TRANSPORTS Dunda

Charles S. Zeiler & Son Inc. 6224 Eastern Ave.

Chia Socialism Rando

110-1117 603903 is a contract of the 200 12 1 250 555 Tienz herial 12-02-7 Inexed leave of leaved burdenth, In to. Jos. 1. Carles . eier un ha. The men v.

BP.

DHMH - 16 60M 7/84

(VRA 15, 4)

6

8

747

	87	FOR STATE REGISTRAR			CERT IF	E OF MARYLAND LEALTH AND MENTAL ICATE OF DEATH		B / REG. NO		3	9	3
		CEASED NAME FIRST SAVE	SARA MIDI	K.	Y	udlson	20.	DATE OF DEATH	12/3	187	10°	A CONTRACTOR OF THE PARTY OF TH
	3. SEX	EMALE	4 RACE WE	HITE	5 DATE C			T-9	YRS IF UN	DER 1 YEAR	IF UNDER	24 HRS MIN.
6	_ (RTHPLACE (STATE OR FOREIGN OUNTRY) MARYLAND	OSA	HAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	, V	Balt	RCOUNTYOF		CIT	Y MD.
	10. CI	altimore		SPITAL, NURSING		or other institution	(fr	USUAL OCCUPATE PE OF WORK FOR MOST O IRECTOR/E	F WORKING LIFE!	NDUSTRY	OF BUSINE	SS OR
	13a S	MD 8XX		e RESIDENCE BEFORE L. CITY OR TOWN Baltin	٧	138. INSIDE CITY LIMIT		STREET ADDRESS	ZIP CODE No. Par	API	-	75/0
3	14 FA		EYER	YUDLSO	N	15. MOTHER'S MAIDE FIRST	nname FANNI	MIDDLE E		KLA	FTER	
		VAS DECEASED EVER IN U.S. AR/ (ES. NO OR UNKNOWN) (IF YES GIVI	WAR OR DATES!	19-38-8		17 INFORMANT 5 LIGHT S		UR DRAGER UITE 510	\$\$ ATTY. #21202	BAL	TO.,	MD
			BY: E C AUSE (o)	RESPI	vat	ory Fau	lur	e_ to Brai		APPROX BETWEEN	MATE INTER ONSET AND	DEATH
	7	Conditions, if ony, which gove rise to immediate cause (o1, stating the underlying cause last. PART 2 OTHER SIGNIFICANT C	(10)	s a conseque	NCE OF	Canter	TERMINA			7 NPART II	mo	
2	CERTIFICATION	19a DATE OF OPERATION	196 CONDITIO	ON FOR WHICH	OPERATIO	N WAS PERFORMED		700 AUTOPSY?	206. IF YES, WE IN CERTIFY INC			TH?
-	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	III	NJURY MONTH DA	Y YEAR	21c. HOW INJURY O	CCURRED	(ENTER NATURE OF INJUI	Y IN ITEM 18 PART 1	ORPART ?)		
	MED	21d INJURY OCCURRED WHILE ON NOT WHILE OF AT WORK	(AT HOME STREET	INJURY FACTORY, OFFICE, FA	NRM, ETC]	211 LOCATION STREET		CITY OR TO	wN	COUNTY	5	STATE
		228 I certify that (Cathis hospi sow the deceased live on above, (I (we) (did) did no			57.0	nd that in (my (our) p	s 7- union deat			d from the	couses sto	we) lost
		Calwin	Offe	organ	no	PhD ATTENDED PHYSICI	NG A	Hous MEDICAL STAI IRECTOR PHYSIC	F	12/	3/B	7
		Edwin	B Geo	vge '	9412	27e ADDRESS S	ina	i Hosp.	, Bal	to.		
	{	SURIAL, CREMATION, REMOVAL CREMATION	236. DATE DEC. 7, 1	L987 L	OUDON	PARK		23d LOCATION CITY OF TOWN BALTIMO	RE	UNTY	MARY	LAND
		INERAL DIRECTOR SOL	LEVINSON WN RD. E	WALTO., MI		c. 21215	EC 1	O 1987	25) REGISTRAR	SSIGNA	Pandae	

The state of the s is present the second of the s A SECURIT ONLY TO SURE own I want to the state of the ser to the National Prince

1076310

- STATE

(TYPE OR PRINT)

Female

To. BIRTHPLACE I STATE OR FOREIGN

Cormelius

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

3. SEX

FIRST

Irene

4 RACE

White

76 CITIZEN OF WHAT COUNTRY?

	STA	TE O	F M	ARYL	AND	
PARTMENT	OF	HEA	LTH	AND	MENT	1

Zahalak

5. DATE OF BIRTH

MONTH

Posacki

DE AL HYG CERTIFICATE OF DEATH

1	ENE REG. NO.	3	5	1	9	9	1
Ĭ	20. DATE OF DEATH MONTH	DAY		YEAR	2b. HOL	JR	_
I	12-2	5-1	98	37		p,	A
1	6. AGE (IN YEARS LAST BIRTHDAY)	IF L	INDER	LYEAR	IF UNDER	24 HRS	
	84 YR	S	THS	DAYS	HOURS	MIN.	
1	9 BALTIMORE CITY OR COU	NTY OF	DEA	ATH			_
	Baltimor	e C	it	у		W	0.

Zlobricke

OUNTRY)	R FOREIGN	16 CITIZEN O	F WHAT CO	MAI	RRIED NEV	ER MARRIED					
Ilkrain	ne	I	I.S.A	WIDO	DWEDER	DIVORCED [Ba	altimore (City	MD.
Baltimore		11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)		(TYPE	(TYPE OF WORK FOR MOST OF WORKING LIFE)		12b. KIND OF BUSINESS OR INDUSTRY				
JSUAL RESIDENCE (IF NUR 130. STATE Maryland	13b COUN		13c CITY	OR TOWN 1 timor	13d. INSI	DE CITY LIMITS?	13e.ST	REET A	DDRESS / ZIP CODE Patterson	n Park	21231 Ave. 2:
14 FATHER'S NAME		WIDDLE		LAST	15. MOTI	HER'S MAIDEN NA	WE		MIDDLE	LAST	200 - 10

Stephania

03-02-1903

	N U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	166, SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS St.	Louis, MO 63105
No	20	076-28-7043	-A George	Zahalak 27 Abe	
PART 1. DEATH W.	t (Enter anly one cause per AS CAUSED BY: IMMEDIATE CAUSE (a)	1 1 11 11	mirster	Lounan	APPROXIMATE INJERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, gove rise to imm couse (o), stating underlying cause	which (1b)	R AS A CONSEQUENCE OF	NAC	tresty	

PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE OR CO	NDITION GIVEN IN PART 110
190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFO	RMED 200 AUTOPSY? YES NOW	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES 700 1
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER ACCIDENCE EXAMINER)	LIGHT A LA MONTEN DAM MEAD	JURY OCCURRED (ENTER NATURE OF INJ	URY IN ITEM 18. PART I OR PART 2)
WHILE NOW WHE AT WORK	216 PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FARM, ETC.) 211 LOCATIC STREET	N M/ Parort	OWN COUNTY STATE
220 1 certify that (1) (this haspital saw the deceased alive on abave, (1) (we) (did) (did not)	1.2/15/8719 and that in (my)	our) apinian death occurred an the	date and hour and from the causes stated

ATTENDING PHYSICIAN MEDICAL STAFF
DIRECTOR PHYSICIAN

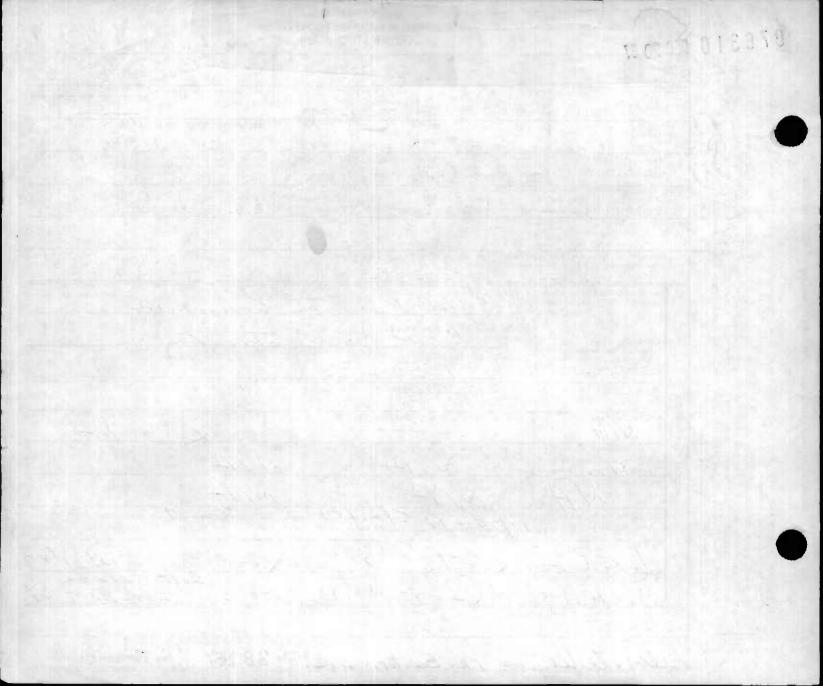
22e ADDRESS 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE

Buria1 ValHalla 250. DATE REC'D. BY REGISTRAR 251 24 EUNERAL DIRECTOR

DHMH - 16 60M 7/84

(VRA 15, 4)

BP.



	STATE OF MARYLAND
FOR	DEPARTMENT OF HEALTH AND MENTAL HY
STATE	

EPARTM	ENT	OF	HEA	LTH	AND	MENTAL	HYGIENE	
	CEI	DTI	FIC	ATE	OF	DEATH		

# STATE REGISTRAR		CERTIFICATE OF DEATH	8 7 REG. NO	5 4 0 0
DEGEASED NAME FIRST	WIDDLE	ŁAST	20 DATE OF DEATH MON	Zi HOOK
Elsie		Zametzer	December 1	1, 1987
1, 5EX	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY	
Female	White	August 22 190		YRS DAYS HOURS MIN
IN BINTHPLACE (STATE OR FOREIGH)	76. CITIZEN OF WHAT COUNTR	Y? I. MARRIED NEVER MARRIED	9 BALTIMORE CITY OR CO	OUNTY OF DEATH
Maryland	USA	WIDOWED DIVORCED [Baltimore	City
O. CITY OR TOWN OF DEATH		SING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	12b. KIND OF BUSINESS O
Baltimore	Key Medical	Center	Own Home	(KING LIFE) IIND OSTKI
LIAL RESIDENCE (IF NURS III HOME O			13e STREET ADDRESS / ZIP	CODE
MD Balt	imore Dunda		6816 Brents	
NEATHER'S NAME		15. MOTHER'S MAIDEN	VAME	
Stanley	MIDDLE LAST	FIRST	MIDDLE	tAST
MAS DECEASED EVER IN U.S. A	Matuszew RMED FORCES? 166 SOCIAL SE		A ADDRESS.	- 01000
[YES, NO OR UNKNOWN] [IF YES, G	IVE WAR OR DATES)		Dundalk, MI	
No	1212-0	<u>5-9175 Laura Lei</u>	ngrand 7943 I	Wise Ave.
	inly one cause per line for (a), (b),	ond (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUS		. to lat		Marian
IMMEDIA	TE CAUSE (o)	17 5		1-11-11
	DUE TO, OR AS A CONSEC	DUENCE OF		(notarila
Conditions, if ony, which	((b)			7. carris
gave rise to immediate	(6)			
couse (a), stating the	DUE TO, OR AS A CONSEC	DUENCE OF		
underlying cause last	((c)			
PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITIO	ON GIVEN IN PART IIO
5				
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED		. IF YES, WERE FINDINGS USED
E C				CERTIFYING CAUSES OF DEATH?
	an since for humby	10, 00, 00, 00, 00, 00, 00, 00, 00, 00,	YES NO	YES NO
21a. ACCIDENT WAS UNDERLYING		DAY YEAR INTO INTURY OCC	URRED (ENTER NATURE OF INJURY IN I	TEM 18 PART I OR PART 2)
OR CONTRIBUTING CAUSE OF DE	AIR	19		
(IF EITHER NOTIFY MEDICAL EXAMINE 216 INJURY OCCURRED	21e PLACE OF INJURY	21f LOCATION		
WHILE TO NOT WHILE TO	(AT HOME STREET, FACTORY, OFFICE		CITY OR TOWN	COUNTY
AT WORK AT WORK		1 1077		
22a. I certify that (I) (this hasp	oital) attended the deceased from	13-784	, to	, 19, that (i) (we) la
saw the deceased alive a			on deoth occurred on the dote o	and hour and from the causes stated
22b. SIGNATURE	On view the body diret dediti.	DEGREE		22¢ DATE SIGNED
R x		ATTENDING	MEDICAL STAFF	17/11/16
04	200	79' 17 PHYSICIAN		0 12/19/8
224 PHYSICIAN'S NAME THE	OR PRINT)	22e. ADDRESS		
S. S. X A	ME	40.5	bundalk &	410 Room MADIS
3a. BURIAL, CREMATION, REMOVA	L 23b. DATE 23	C. NAME OF CEMETERY OR CREMATOR		ve but ing 212
(SPECIFY)	12/15/87		CITY OR TOWN	COUNTY STATE
Burial		Oak Lawn	Baltimor	
FUNERAL DIRECTOR 7922	2 Wise Ave. D	undalk, MD 2122	TE REC'D. BY REGISTRAR 256	REGISTRAP'S SIGNATUR
Duda-Ruck Fu	neral Home of	Dundalk, Inc.	EU 1 7 198/ 1	mary manager.

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR After this certificate has been agained by the antending thould be a demarked for one as the build-brinding terminal them places remove corbon with the Stote Dapt of Health old Mental Hygiene prior to buriol, cremation, or representations of the Medical Angles of the Stote Dapt of Health old Mental Hygiene prior to buriol, crematical or managed or the set of the second of the set of the transmitted of the set of the second of the set of the second of the set of the second of the se

The transfer of the state of th

real Lette (

Marine Ingelia

La salar

V 14

BP___ DHMH - 1 (VRA

0754

	FOR		DEDADTM	APAIT OF U	EALTH AND MENTAL HYG	IENE				
	- STATE		VEFAKIN		CATE OF DEATH	fr. 70.2		** 4		
	REGISTRAR CEASED NAME FIRST		NDDLE		AST	28 DATE OF DE	ATH MONTH	DAY	YEAR 2h I	HOUR
	EORPRINT) Hele:			7000	ewski		12	14 1		. IOUK
3. SE.		4 RACE	L.	5. DATE C		6. AGE (IN YEARS		I 4 I	-	NDER 2J
		Cauc.		MONTH		9/		MONTHS	DAYS HOL	
Vice	Pemale IRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8	4NK	9 BALTIMORE		RS. NTY OF DE	ATH	
-	COUNTRY)	US. A			NEVER MARRIED	Balti	_			
25"	ITY OR TOWN OF DEATH			WIDOWE G HOME C	DIVORCED DIVORCED	13a. USUAL OCC			KIND OF BU	SINES
E	Baltimore	20 N	V. Kenwo	ood A		Hous	ewife	NG LIFE) IND	USTRY	
13a. S	AL RESIDENCE (IF NURSING HOME STATE 13b. CO		GIVE RESIDENCE BEFORE 136 CHTY. OR TOWN Baltimo	N	13d INSIDE CITY LIMITS?	13. STREET ADD	RESS / ZIP C	od Av	e. 21	122
14. F/	ATHER'S NAME				15. MOTHER'S MAIDEN NAM			-11		
	FIRST Uni	known	LAST	1000	FIRST	Unkn	OWN		LAST	
16a \	WAS DECEASED EVER IN U.S.		166. SOCIAL SECUI		17 INFORMANT		ADDRESS			
ľ	(IF YES, I)	GIVE WAR OR DATES)	220-09-0)491	Edward Zani	Lewski	20 N.	Kenw	ood A	Ave
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost.	DUE TO, OR (b) DUE TO, OR (c)	AS A CONSEQUE	NCE OF	ENILE DEB	s ART	elioso on-se	evere.	\$	
CATION	gove rise to immediate couse (a), stating the	DUE TO, OR (c) T CONDITIONS CO	R AS A CONSEQUE	DEATH BUT	enice dem	Litail	DN - SO	GIVEN IN P	ART IIO	
TIFICATION	gove rise to immediate couse (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICAN	DUE TO, OR (c) T CONDITIONS CO	R AS A CONSEQUE	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OF	DN - SO	Vese	ART IIO FINDINGS L AUSES OF D	
CAL CERTIFICATION	gove rise to immediate couse (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICAN	DUE TO, OR (c) T CONDITIONS CO 19b CONDIT DEATH HOUR A.A.	R AS A CONSEQUE ONTRIBUTING TO D TION FOR WHICH FINJURY M. MONTH DA	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OF	R CONDITION	FYES, WERE ERTIFYING C	FINDINGS L AUSES OF D	DEATH?
MEDICAL CERTIFICATION	gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICAN 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DUE TO, OR (c) T CONDITIONS CO 19b CONDIT 21b. TIME OF HOUR A.A. P.A. 21e. PLACE C	R AS A CONSEQUE ONTRIBUTING TO D TION FOR WHICH FINJURY M. MONTH DA M.	DEATH BUT OPERATION AY YEAR 19	NOT RELATED TO THE TERM	INAL DISEASE OF 200 AUTOPSY YES NO RED (ENTER NATURE	R CONDITION	FYES, WERE ERTIFYING C	FINDINGS L AUSES OF D NO	DEATH?
1 8	gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICAN 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAMINATION OF COURTED WHILE AT WORK AT WORK 220 1 certify that (1) (this hose)	DUE TO, OR (c) T CONDITIONS CO 19b. CONDIT 21b. TIME OF HOUR A.A. NER) P.A. 21e. PLACE C (AT HOME STRE	R AS A CONSEQUE ONTRIBUTING TO D TION FOR WHICH: FINJURY M. MONTH DA A. DE INJURY EET, FACTORY, OFFICE, FJ edgeeosed from	DEATH BUT OPERATION AY YEAR 19 ARM, ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 210 HOW INJURY OCCURE 211 LOCATION STREET	INAL DISEASE OF 20a AUTOPSY YES NO RED (ENTER NATURE	PAN - SOR CONDITION (2 206. 11 THE CI OF INJURY IN ITEM TY OR TOWN	FYES, WERE ERTIFYING C YES	FINDINGS L AUSES OF D NC PART 2) JINTY	STA
1 g	gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICAN 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE ITHER NOTIFY MEDICAL EXAMINATION OF COURTED WHILE NOT WHILE AT WORK	DUE TO, OR (c) T CONDITIONS CO 19b CONDIT 21b, TIME OF HOUR A.A. P.A. 21e, PLACE C (AT HOME, STRE	TION FOR WHICH FINJURY M. MONTH DA M. DE INJURY EET, FACTORY, OFFICE, FA	DEATH BUT OPERATION AY YEAR 19 ARM, ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 216 HOW INJURY OCCURE 211 LOCATION	INAL DISEASE OF 20a AUTOPSY YES NO RED (ENTER NATURE	PAN - SOR CONDITION (2 206. 11 THE CI OF INJURY IN ITEM TY OR TOWN	FYES, WERE ERTIFYING C YES	FINDINGS L AUSES OF D NC PART 2) JINTY	STA'
1 8	gove rise to immediate couse (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICAN 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAMINATION OF CONTRIBUTING OR CONTRIBUTING AUSE OF (IF EITHER NOTIFY MEDICAL EXAMINATION OF CONTRIBUTING AUGUST OF CONTRIBUTING AUGUST OF CONTRIBUTION	DUE TO, OR (c) T CONDITIONS CO 19b CONDIT 21b, TIME OF HOUR A.A. P.A. 21e, PLACE C (AT HOME, STRE	TION FOR WHICH FINJURY M. MONTH DA M. DE INJURY EET, FACTORY, OFFICE, FA	OPERATION AY YEAR 19 ARM, ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 211 HOW INJURY OCCURE 211 LOCATION STREET , 19 dd that in (my) (our) opinion of the performance of t	INAL DISEASE OF 20a AUTOPSY YES NO RED (ENTER NATURE	200 I	FYES, WERE ERTIFYING CO. VES	FINDINGS L AUSES OF D NC PART 2) JINTY	STAIL (In (we es stote
1 8	gove rise to immediate couse (a), stoling the underlying couse lost. PART 2. OTHER SIGNIFICAN 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAMINATION OF CONTRIBUTION OF COURRED WHILE AT WORK ALWORK 22a I certify that (I) (this have sow the deceased alive underlying the country of the cou	DUE TO, OR (c) T CONDITIONS CO 19b CONDIT 21b, TIME OF HOUR A.A. P.A. 21e, PLACE C (AT HOME, STRE	TION FOR WHICH FINJURY M. MONTH DA M. DE INJURY EET, FACTORY, OFFICE, FA	OPERATION AY YEAR 19 ARM, ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 211 HOW INJURY OCCURE 211 LOCATION STREET , 19 dd that in (my) (our) opinion of the performance of t	INAL DISEASE OF 200 AUTOPSY YES NO RED (ENTER NATURE deoth occurred or MEDICAL DIRECTOR 1	R CONDITION 72 296. II THE CITY OF INJURY IN ITEM ITY OR TOWN THE ADDRESS OF	FYES, WERE ERTIFYING CO. 18 PART OR F	FINDINGS U AUSES OF D NO PART 2) INTY that om the couse	STA (f) (wees state
WEDICAL	gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICAN 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAMINATION OR CONTRIBUTING TO AUTOMINE AT WORK AT WORK 220 I certify that (I) (this has sow the deceased alive of the country of the co	DUE TO, OR (c) T CONDITIONS CO 19b CONDITIONS 21b. TIME OF HOUR A.A. HOUR A.A. 12b. PLACE C (AT HOME. STRE Spirital) oftended The on not view the body E OR PRINT) AL 23b DATE	TION FOR WHICH	DEATH BUT OPERATION AY YEAR 19 ARM, ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 211 HOW INJURY OCCURE 211 LOCATION STREET 19 76 10 d that in (my) (aur) apinion of the performance of	INAL DISEASE OF 200 AUTOPSY YES NO RED (ENTER NATURE deoth occurred or MEDICAL DIRECTOR 1	PRECONDITION 200. II 17 OF INJURY IN ITEM 17 OR TOWN STAFF PHYSICIAN [FYES, WERE	FINDINGS (AUSES OF D NO PART 2) That is om the couse DATE SIGN	STAIL (III (We es stote
WEDICAL 1	gove rise to immediate couse (a), stoling the underlying couse lost. PART 2. OTHER SIGNIFICAN 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OPERATION 21d. INJURY OCCURRED WHILE NOTE OF WHILE AT WORK 22a 1 certify that (1) (this hosow the deceased alive county).	DUE TO, OR (c) T CONDITIONS CO 19b CONDIT 21b. TIME OF HOUR A.A. NERI 21e. PLACE C (AT HOME. STRE spirial) oftended The on not yie withe body E OR PRINT)	TION FOR WHICH	DEATH BUT OPERATION AY YEAR 19 ARM, ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 211 HOW INJURY OCCURE 211 LOCATION STREET 19 TE 10 d that in (my) (aur) apinion of DEGREE ATTENDING PHYSICIAN 22e ADDRESS 2608 E. Britanier EMETERY OR CREMATORY Heart Cem.	INAL DISEASE OF 200 AUTOPSY YES NO RED (ENTER NATURE deoth occurred or MEDICAL DIRECTOR 1	PACE ONDITION TO CHANDERY IN ITEM TO CHANDERY IN	FYES, WERE ERTIFYING COVES 19 3 hour and fire the country of t	FINDINGS UNITY PART 21 AUSES OF D NO PART 21 INTY INTY	STAT

1.0! 11 1 1 1 7 7 3 Committee as At 18 Committee of a particular LEMI screw Miss Teles Ergeningth in Paris and

07483

may be

3

STATE OF MARYLAND

	= STATE TREGISTRAR			DEPARTA		FICATE OF DEATH		PEG NO	5 4	1 0	2
	ECEASED NAME	FIRST	٨	AIDOLE		LAST	T	20 DATE OF DEATH	ONIH DAY	YEAR	26 HOUR
(171	PE OR PRINT)	Gerard	Maj	jeln	Ze:	ller	I	December 8,	1987		2/0
3. SI	EX	- 4	RACE			OF BIRTH		AGE (IN YEARS LAST BIRTHE	DAY) IF U	UNDER I YEAR	
1	Male		White		Nove	mber 24, 18		93	YRS.	VIHS DAYS	HOURS MIN
70. E	BIRTHPLACE (STATE	OR FOREIGN 7	L CITIZEN OF	WHAT COUNTRY?	8.		9	BALTIMORE CITY OR		DEATH	
	aryland	1	U.S.A		WIDOW	ED NEVER MARRIEE		Baltimore	City		M
	CITY OR TOWN OF	DEATH 1	1. NAME OF H		G HOME	OR OTHER INSTITUTION	N I	120 USUAL OCCUPATION	V	126. KIND C	OF BUSINESS O
Ba	altimore	1		an Long C				Supervisor			andise
13a	JAL RESIDENCE (FE STATE Maryland	135 COUNT		GIVE RESIDENCE BEFORE 136. CITY OR TOW Baltimor	N	13d. INSIDE CITY LIMI	9	1232 St. Ar	ZIP CODE ndrews	Way	21 23 9
4. F	Charles	M	IDDLE	Ze11	.er	Margare		E MIDDLE		Langl	hirt
	WAS DECEASED EN		WAR OR DATES	166 SOCIAL SECU		17 INFORMANT		ADDRES:			
1	Yes	WWI	WAR OR DATES)	214-01-68	382	N.H.Zeller	123	32 St. Andre	ews Way	y XX	21239
	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)								APPROX BETWEEN	XIMATE INTERVAL I ONSET AND DEATH	
	PART I. DEAT	H WAS CAUSED		eubral	T	horlows				21	lous
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF (c) COLUMN TO THE SEQUENCE OF CONDITIONS CONTRIBUTING TO DEATH BUT NOT BELATED TO THE TERMINAL DISEASE OF CONDITION CONTRIBUTIONS CONTRIBUTING TO DEATH BUT NOT BELATED TO THE TERMINAL DISEASE OF CONDITION CONTRIBUTIONS CONTR							nge	eous		
Z	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN								TION GIVEN	IN PART 1	0
CERTIFICATION	190 DATE OF OPE	RATION	19b. CONDI	TION FOR WHICH	OPERATIO	ON WAS PERFORMED			20b. IF YES, W IN CERTIFYIN YES [NG CAUSES	INGS USED S OF DEATH?
	21g. ACCIDENT WAS OR CONTRIBUTING		21b. TIME OF HOUR A./	M. MONTH DA	Y YEAR	21c. HOW INJURY O	CCURRE	D (ENTER NATURE OF INJURY	IN ITEM 18 PART	I OR PART 2)	
MEDICAL	AT WORK AT	WHILE WORK		EET, FACTORY, OFFICE, F	ARM, ETC)	21f. LOCATION STREET		CITY OR TOWN	4	COUNTY	STATE
	22a. I certify that sow the dec above (1) w	(I) this haspite eosed alive on e) (did) (did no	attended the 050 4 view the body	deceosed from	P7.0	nd that in (my) (our) or	pinion de	ath accurred an the dote	ond haur ar	d from the	that (1) we) lo
	Walt	to z.	mely	1	MD		ING IAN R	MEDICAL STAFF DIRECTOR PHYSICIA	W 🗌	DEC DATE	SIGNED
		Walter	Welzant					rk Road 2121	12		
23a.	BURIAL, CREMATIC	ON, REMOVAL	23b. DATE			CEMETERY OR CREMAT	TORY	23d. LOCATION CITY OR TOWN	c	OUNTY	STATE
_	Burial		12-12-	87 Ne	w Ca	thedral		Baltimore			laryland
	FUNERAL DIRECTO			ADDRESS			So. DATE	REC'D. BY REGISTRAR 25	b. REGISTRAI	R'S SIGNAT	TURE
M	itchell-W	iedefel	d Home	6500 Yorl	Roa	d 21212	UE	1 1 1 1007	1.0	p- 1	

DHMH - 16 60M 7/84 (VRA 15, 4)

BP

MPORTANT: If hem 21 is marked or Hem 18 shor

miury, or other troumptic event, the

075323

	STA	TE	OF I	MAR	ALV	ND
DEPARTMENT	OF	HE	ALT	H AN	D	MENTA

REG. NO.	5	4	0	3

1	FOR STATE 7 REGISTRAR	DEPARTM		EALTH AND MENTAL HYC	GIENE REG. NO	5 4 0	3			
	1. DECEASED NAME FIRST (TYPE OR PRINT) Edna	Catherine	-41	merman		12/15/87 YEAR	26. HOUR 1400pm			
		RACE WHITE	5. DATE O		6. AGE (IN YEARS LAST BIRTH	HDAY) IF UNDER LYE,				
7	76. BIRTHPLACE ISTATE OR FOREIGN 76. COUNTRY) Maryland	CITIZEN OF WHAT COUNTRY?	8. MARRIED WIDOWEI	DEVER MARRIED DE	9. BALTIMORE CITY OR Baltimore		MD.			
1	_Baltimore /	NAME OF HOSPITAL, NURSIN IF NOT IN SUCH FACILITY, GIVE STREET A St. Agnes Ho	AODRESS) Ospita	_	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF HOMEMAKE)	WORKING LIFE) INDUSTR	OF BUSINESS OR			
-		rendel Linthicu	N	13d. INSIDE CITY LIMITS? YES NO 🔀	13e. STREET ADDRESS 15 Hampton	Road 2109	90			
1	Charles	Spielm		15. MOTHER'S MAIDEN NA	UNKNOW	V	LAST			
-	16a WAS DECEASED EVER IN U.S. ARMEI (YES, NO OR UNKNOWN) 11F YES, GIVE W.			Edward H. Sa	ADDRES wers, Jr., 4	4705 Widdup	Court OXIMATE INTERVAL IN ONSET AND DEATH			
	Canditions, if any, which gave rise to immediate couse (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT CONTINUE CONTINU									
	RTIFIC	196. CONDITION FOR WHICH	OPERATION		20a AUTOPSY? YES NO	206. IF YES, WERE FIND IN CERTIFYING CAUSI YES	ES OF DEATH?			
		216. TIME OF INJURY HOUR A.M. MONTH DA P.M.	Y YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART I OR PART 2				
	ON CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INDIRY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	ARM, ETC)	211 LOCATION STREET	CITY OR TOW	VN COUNTY	STATE			
	sow the despesad alive on	22e.1 certify that (1) (this haspital) attended the deceased Iram								
	224 PHYSICIAN'S NAME (TYPE OR PRI			ATTENDING PHYSICIAN [220. ADDRESS St. Agnes H		AN D	-15-87			
	230 BURIAL, CREMATION, REMOVAL 2 (SPECIFY) BURIAL			METERY OR CREMATORY Ven Mem. Park	23d. LOCATION CITY OR TOWN	ie A.A.	Maryland			
	A FUNERAL DIRECTOR Hubbard Funeral Hom	ADDRESS		21.229 250. DAT	C 1 6 1987					

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

MPORTANT, if hem 21 is

001 18/51, 1

ne/13/1601

DEC 10 BED State Trailing Places

STATE OF MARYLAND	
EPARTMENT OF HEALTH AND MENTAL	HYG
CEDTIFICATE OF DEATH	10

STATE OF MARTEAND		
DEPARTMENT OF HEALTH AND MENTAL	HYGIENE	
CERTIFICATE OF DEATH	8	
LAST	2. 0	

CERTIFICATE OF DEATH	8 7 REG. NO. 5	4 0	4
LAST	20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR
ZISKIN	DECEMBER 28, 1	1987	9:30 AM
5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	F UNDER 24 HRS
AUGNTH 26, 1899 YEAR	88 _{YRS}	MONTHS BAYS	HOURS MIN
INTRY? 8	9 BALTIMORE CITY OR COUNT	Y OF DEATH	

FEMALE. WHITE TO BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? RUSSTA USA

4. RACE

FIRST

BESSIE

MARRIED NEVER MARRIED WIDOWED

BALTIMORE CITY

126 KIND OF BUSINESS OR HOUSEWIFE WORKING LIFE AT HOME

UNKNOWN

O CITY OR TOWN OF DEATH BALTIMORE

REGISTRAR DECEASED NAME

(TYPE OR PRINT)

3 SEX

DOUAL RESIDENCE LIF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONS 136. STATE MARYLAND

13d INSIDE CITY LIMITS? YES T NO

15. MOTHER'S MAIDEN NAME

4000 FORDS LA., APT. 1C #21215

14 FATHER'S NAME

EDEL

MIDDLE WEISMAN 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)

166 SOCIAL SECURITY NO.

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

4000 FORDS LA., APT. 1-C

17 INFORMANT MR. RODERIC GIVNER

REBECCA

MIDDLE

TIMBERFIELD LA. BALTO, MD

<u> 212-16-3642</u> 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE

Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost

190 DATE OF OPERATION

DUE TO, OR AS A CONSEQUENCE OF

RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	211
214 INTILIPY OCCUPRED	21.

TIME OF INJURY

21c. HOW INJURY OCCURRED

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [] (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2)

OUR A.M. MONTH DAY YEAR e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE

21f LOCATION

22a. I certify that (1) (this hospital) attended the deceased from sow the deceased alive on obove, (!) (wet taid (did not) view the body after death

and that in (my) tour) opinion death occurred on the date and hour and from the causes stated

DEGREE 22e ADDRESS

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

20a AUTOPSY?

DEC. 28, 1987

STATE

22d. PHYSICIAN'S NAME (TYPE OR PRINT) MARVIN GOLDSTEIN

6001 PARK HEIGHTS AVENUE

230 BURIAL, CREMATION, REMOVAL BURIAL

DEC. 29, 1987

SOL LEVINSON & BROS. INC. 6010 REISTERSTOWN RD.

23c NAME OF CEMETERY OR CREMATORY

23d LOCATION TIFERETH ISRAEL ANSHE SFARD

ROSEDALE BALTO. MD

224 DATE SIGNED

24 FUNERAL DIRECTOR

CERTIFICATION

MEDICAL

AT WORK

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP

ould be deto

MPORTANT

The state of the state of the state of the pt 1992 1999 autorisection Tie heart deveale MODERAL SOL Some of Santial 178 FT 727 44 -44 1835 the second of the second of the second 0EC 3 0 1987

REGISTRAR 25b. REGISTRAR'S SIGNATURE

in Today. Randall

BP_____ DHMH - 16 50M 1/81 (VRA 15, 4)

AND THE PROPERTY OF A STATE OF A LYSTO - AUGUSTUS CONTRACT ADAPT LEGISLIZATI Pace castille uplant rough about the Albred II Stratic Stratics Stratic TALLEMENT TO CHARLET MILLE STATE SOLUTION